

Name  
in  
Full

Constantine Ruggyles

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u>		own	County <u>Washington</u>	MARYLAND	
Date of death <u>1909</u>	Month <u>12</u>	Day <u>9</u>	Years <u>25</u>	Months	Days
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Tracton, Asia</u>			
Occupation <u>Fanner</u>	Where Residing if not at place of death <u>Cumberland</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>	Father's Birthplace <u>event now</u>			
Father's Name <u>Stephen Ruggyles</u>	Mother's Birthplace <u>.., ..</u>				
Mother's Maiden Name <u>Dorothy Lincoln</u>	How related to deceased <u>Daughter</u>				
Name of person giving information <u>Geo. Daniels</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid fever

Immediate —

Are the name, age, sex, color, date and place correctly given above?

J.C.W.  
Accident or Suicide

Signature of Physician

Address

W.W. M. Jr.  
Cumberland, Md.

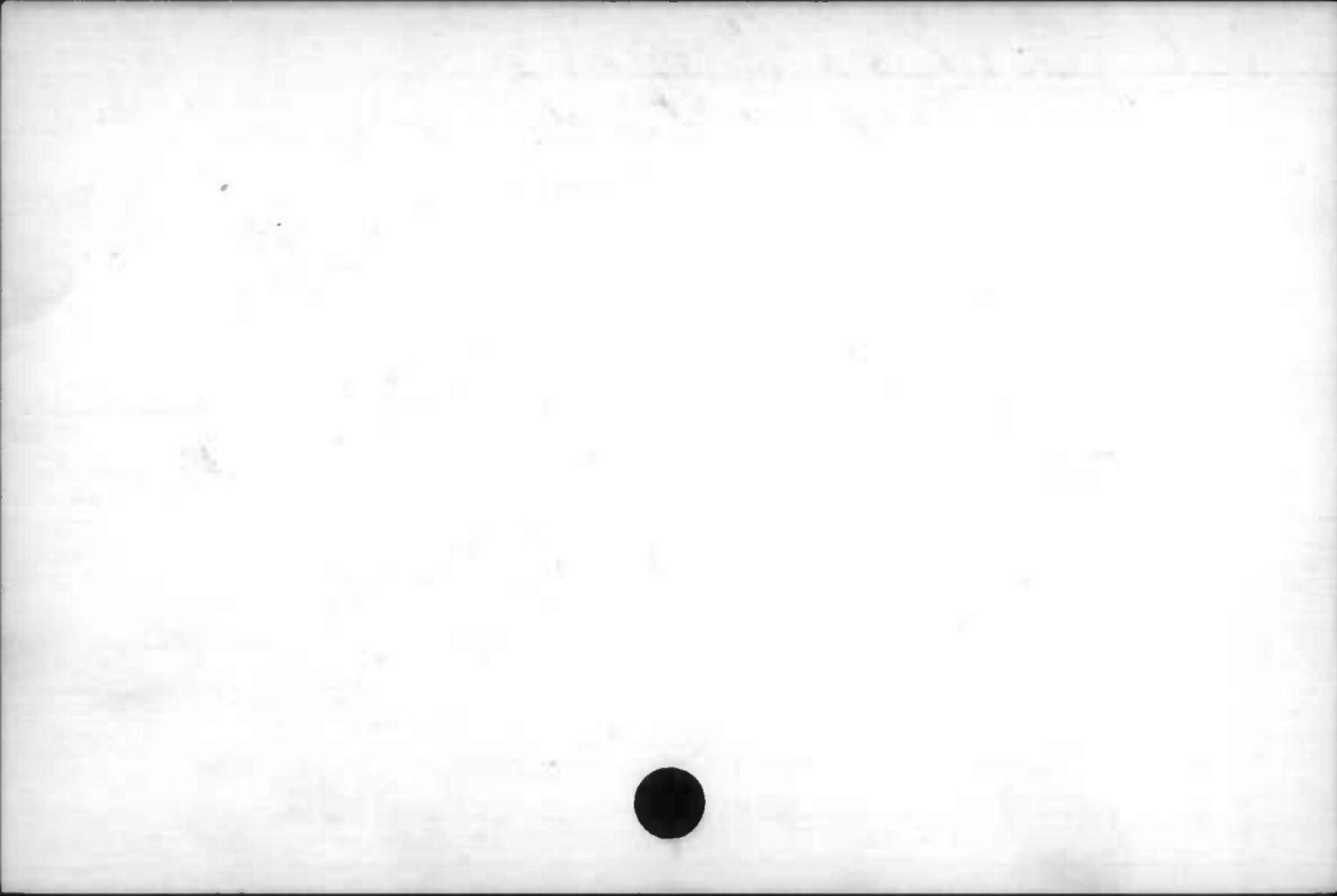
1

✓

5 or 6 weeks -

How long

How long



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Robert Barclay Sr

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Leavenworth / Allegany

Date  
of death

1909 Dec 5

Month

Day

Year

Age

67

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Scotland

Occupation

Miner

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Frazier

Father's  
Name

William Barclay

Father's  
Birthplace

Scotland

Mother's  
Maiden Name

Virginia Cameron

Mother's  
Birthplace

Nova Scotia

Name of person giving  
Information

John Barclay

How related  
to deceased

Son

CAUSES OF DEATH

112

Primary

Cirrhosis of Liver (Atrophic)

How long

One year

Immediate

Quarantine

How long

Three months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W.B. Skilling M.D.

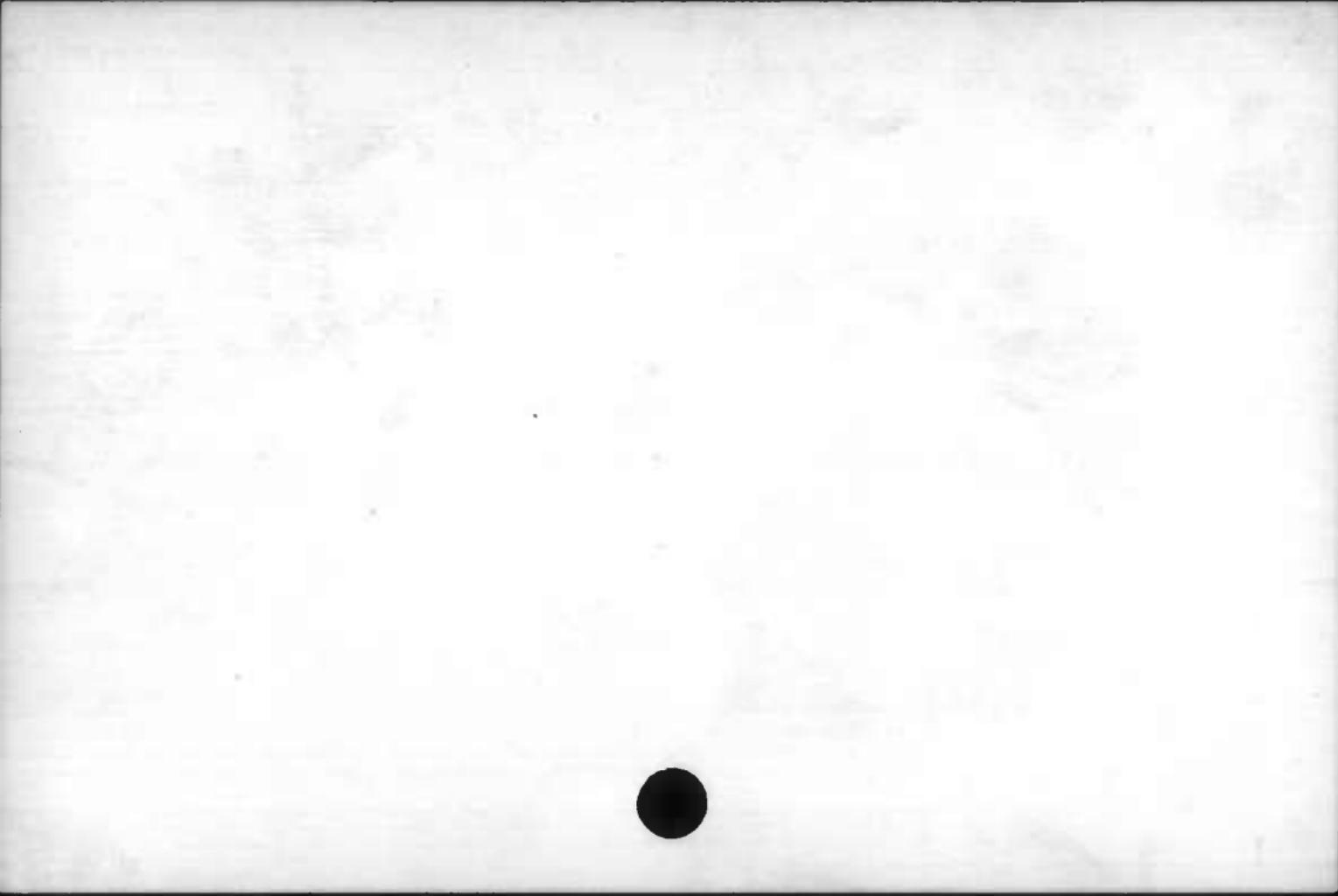
Address

Leavenworth,

PHYSICIAN  
OR CORONER

6

Accident or Suicide



Name  
in  
Full

Aleck Belman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lonaconing Town Allegany County  
Date of death 1909 Month Sept Day 21 Age 2 Years  
Sex Male Color or Race white  
Occupation   Birth-place Lonaconing

Where Residing if not  
at place of death

Married, Single or Widowed single Name of Wife or Husband  

Father's Name John Edward Belman

Mother's Maiden Name Mary Colman

Name of person giving Information Mrs. John Belman

Father's Birthplace

Lonaconing

Mother's Birthplace

"

How related to deceased

Mother

⑨ How long

4 days

How long

CAUSES OF DEATH

Primary

Laryngeal Diphtheria

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

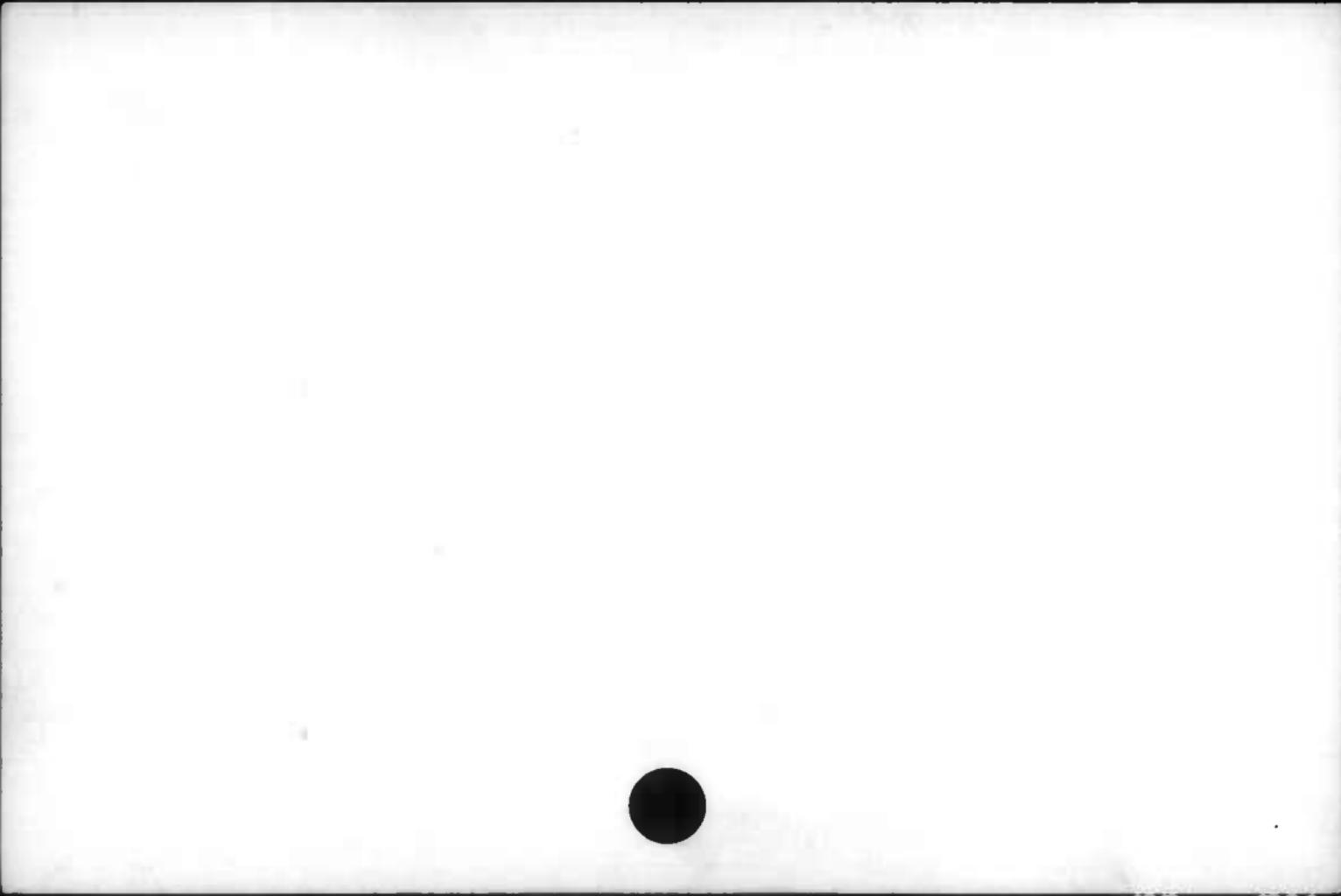
Address

Henry M. Hodgson  
Lonaconing, Md

PHYSICIAN  
OR CORONER

Accident or Suicide





Name  
in  
Full

Edward Burgess

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County	
Diad at	Cumberland	Years	Allegany
Date of death	Month	Day	Month
1909	Dec	31	Age
Sex	Male	Color or Race	51
Occupation	Iron Worker		
Married, Single or Widowed	Single	Where Residing if not at place of death	Germany
Father's Name	Unknown		
Mother's Maiden Name	Unknown		
Name of person giving Information	Joseph Keys.		

CAUSES OF DEATH

Primary

Cirrhosis of the Liver

Immediate

Mitral regurgitation

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician  
for

Address

William R. Boardman  
109 Virginia Ave  
Cumberland Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

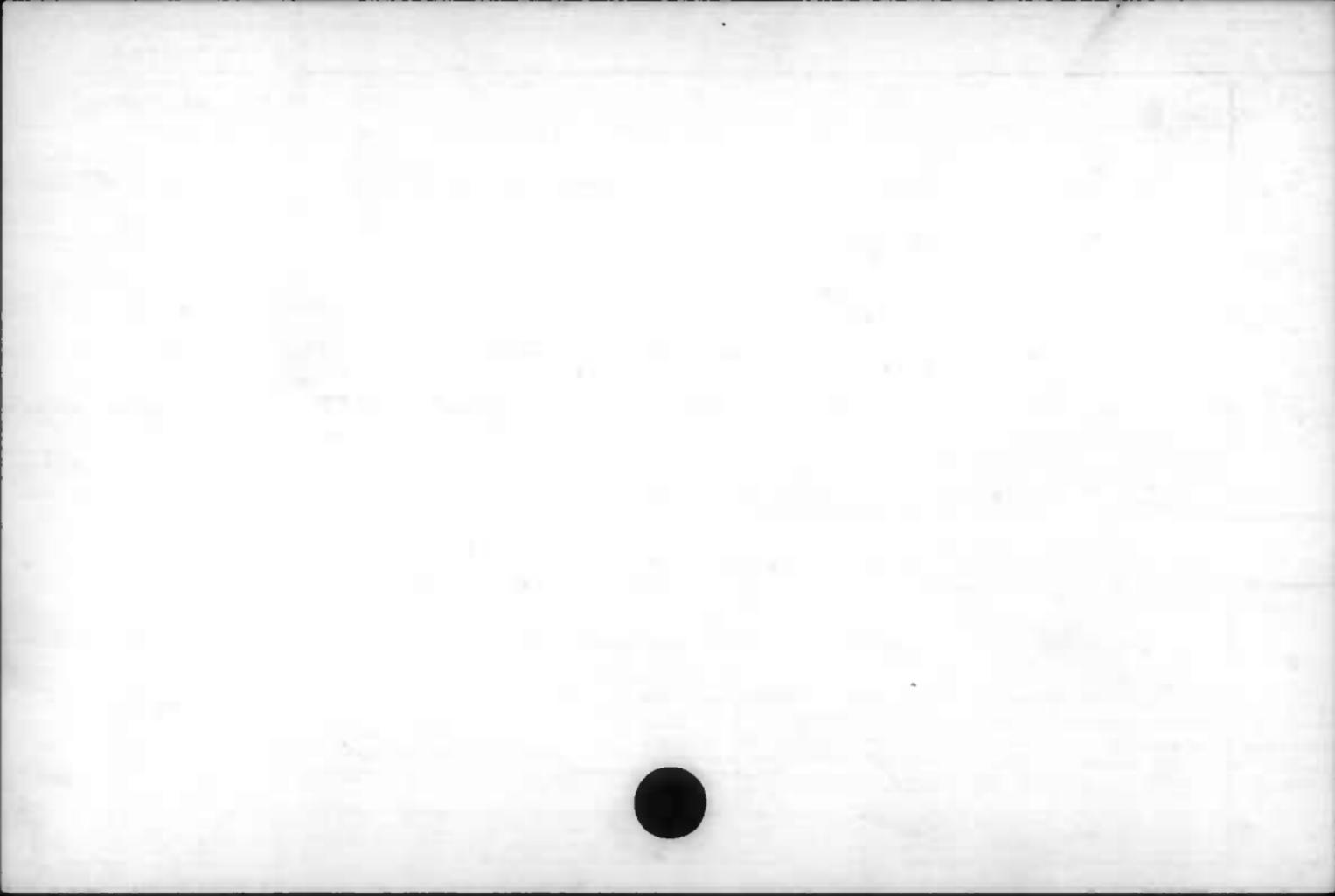
112

How long

2 years.

How long

2 days



Name  
in  
Full

Frank Cole.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Dec	Day 14	Years 60	Months	Days	
Sex	Male	Color or Race	Where Residing if not et place of death		Birthplace		
Occupation	Iron Worker	Name of Wife or Husband		Name of Father			
Married, Single or Widowed	Married	Louise		Name of Mother			
Father's Name	Frank Cole Sr.	Name of Father			Birthplace		
Mother's Maiden Name	Do not know	Name of Mother			Birthplace		
Name of person giving Information	Frank Cole	How related to deceased			Cause of Death		

CAUSES OF DEATH

27

Primary

Tuberculosis of lungs 6 mos.

Immediate

Exhaustion 12 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

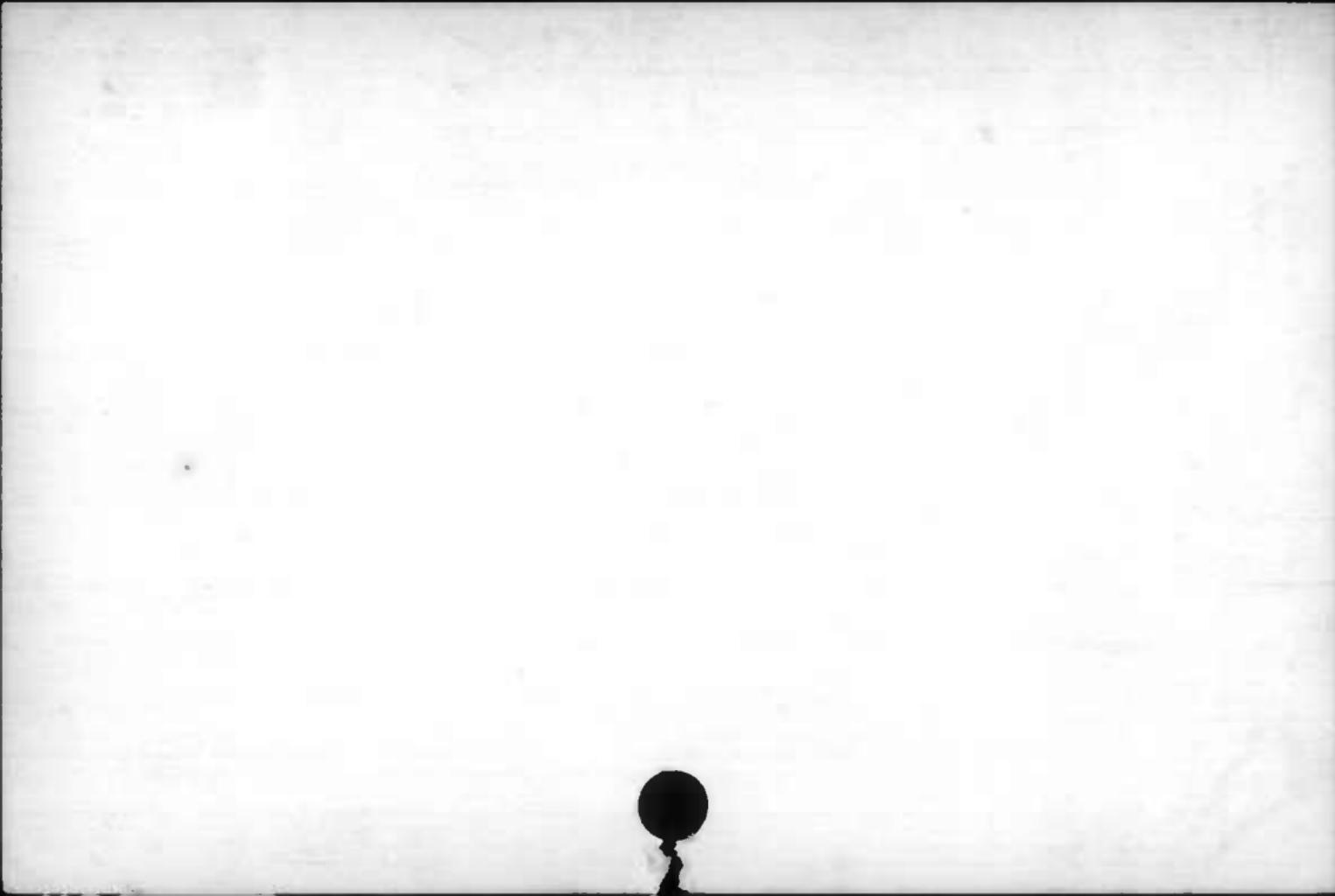
Address

Spiegelman Shadys  
10411 Frederick

PHYSICIAN  
OR CORONER

Accident or Suicide

none



Name  
in  
Full

Charles Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Cumberland		alleg.				
Date of death	Month	Day	Years	Month	Day		
190	Dec.	6	69	—	—		
Sex	Male	Color or Race	White	Birth-place	Balto. Md.		
Occupation	Blacksmith		Where Residing if not at place of death	oak St. City			
Married, Single or Widowed	Married	Name of Wife or Husband	Georgia Cook	Father's Birthplace	D.L.		
Father's Name	Do not know			Mother's Birthplace	" "		
Mother's Maiden Name	"	"	"	How related to deceased	Son		
Name of person giving Information	J.W. Cook			64			

CAUSES OF DEATH

Primary

Bright's Disease

Several years

Immediate

Appoplexy

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

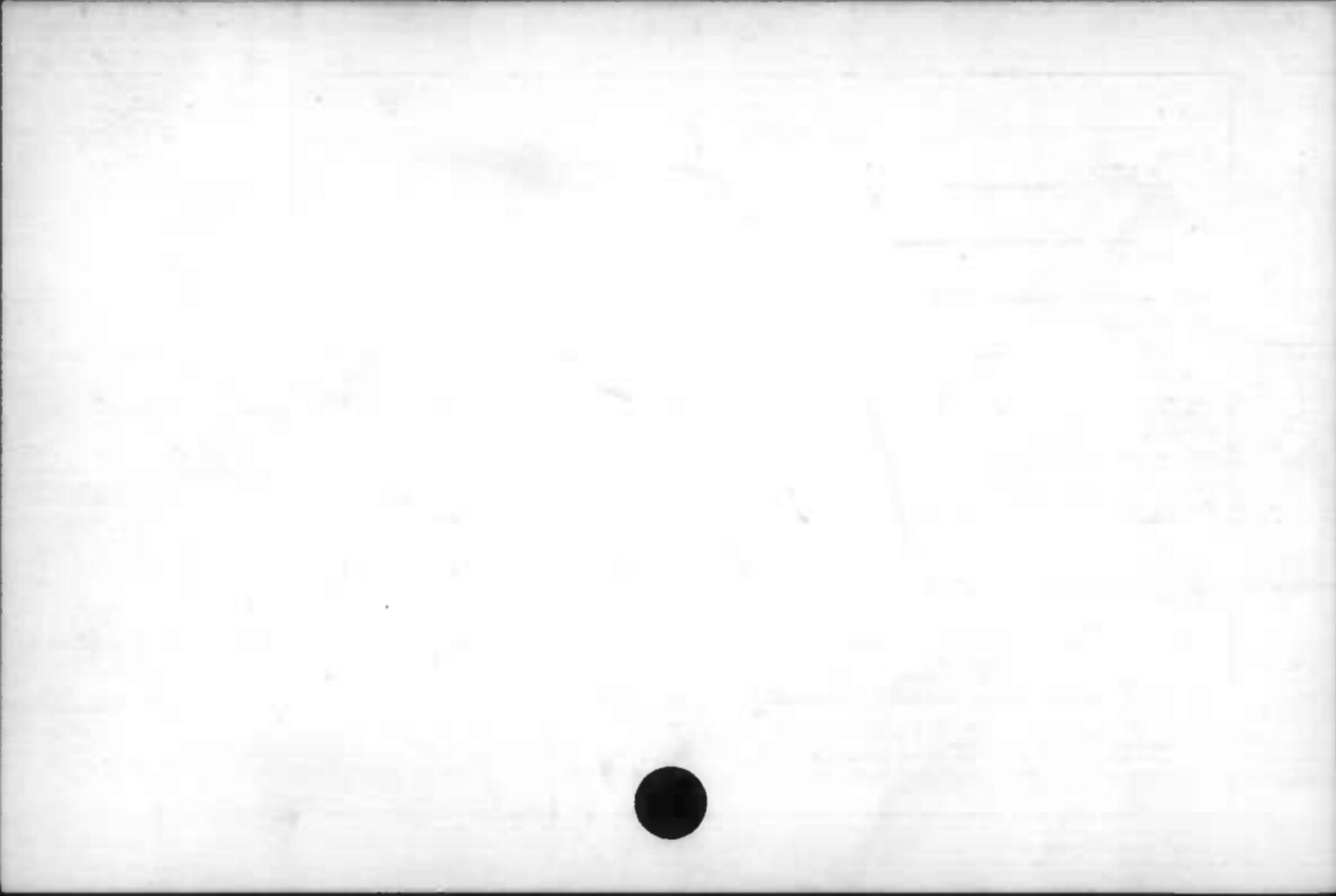
Address

Coroner

John J. Dresman,  
Cumberland.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

PHYSICIAN  
& COBONDS

Ervin Cowgill  
Died at near Cawd Town alleg. County  
Date 10-1-1923 Month Oct Day 1 Age 71

## MARYLAND

Died at		Year Deceased		alleg.		MARYLAND	
Date of death	1909	Month	Dec.	Day	1	Years	71
Sex	Male	Color or Race	White	Birth-place	W. Va		
Occupation	Farmer		Where Residing if not et place of death	—			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Margaret Cowgill		W. Va		
Father's Name	Henry Cowgill		Father's Birthplace	W. Va			
Mother's Maiden Name	Catherine Kerns		Mother's Birthplace	W. Va			
Name of person giving Information	William B. Cowgill		How related to deceased	Son			

## CAUSES OF DEATH

106

### Primary

CAUSES OF DEATH

## How long?

### Immediate

How long  
ite Afghanistan at 100000

## How long?

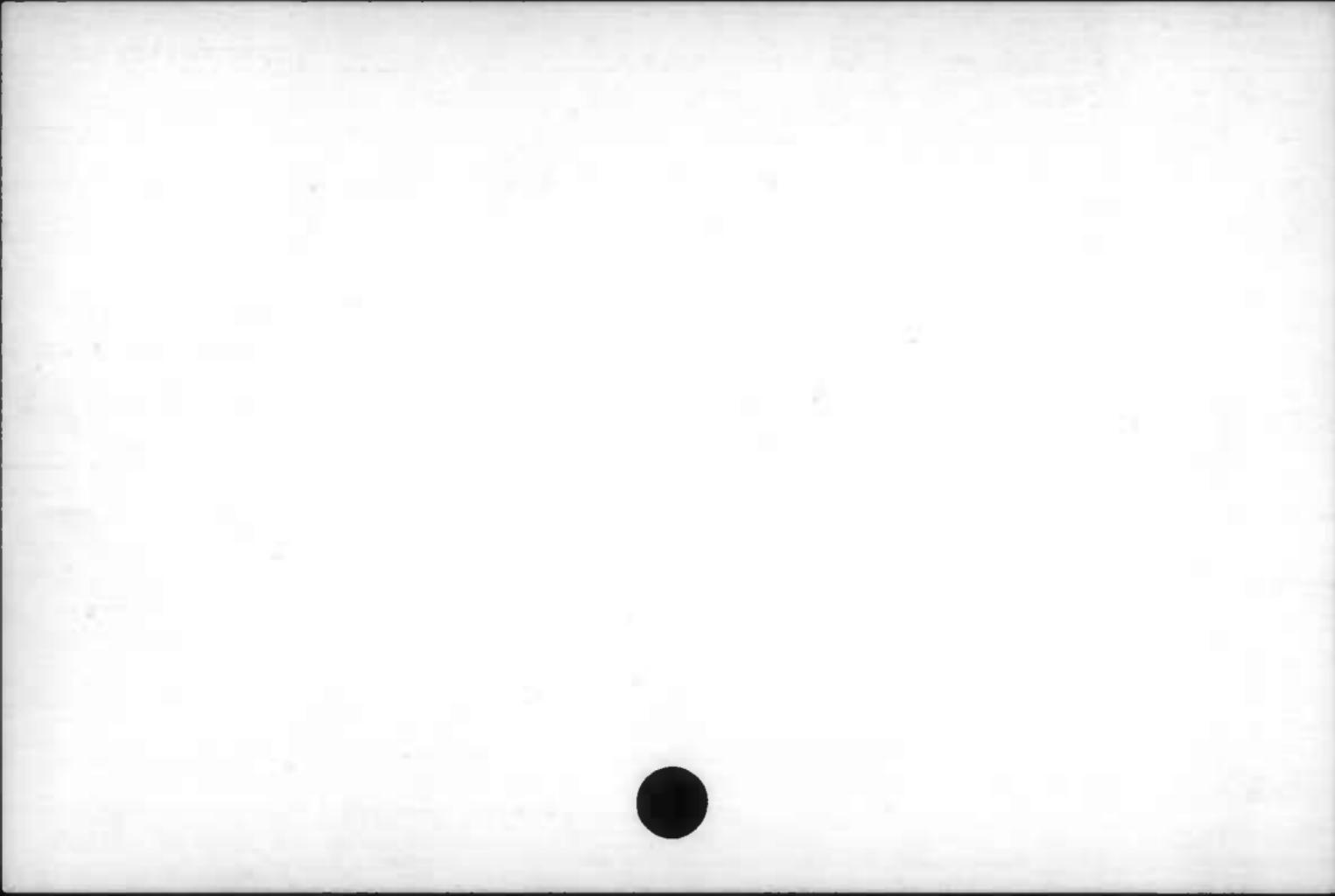
Are the name, a

Are the name, age, sex, color, date  
and place correctly given above ? Signature of  
Physician

Signature of  
Physician

### Addressee

## Accident or Suicide



Name  
in  
Full

Melinda Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Borden - Allegany County MARYLAND  
Date of death 1909 Month 12 Day 6 Age 60 Years 10 Months 10 Days 15  
Sex Female Color or Race white  
Occupation Housewife Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed Married Name of Wife or Husband Frances Cleay  
Father's Name Levi C. Porter Father's Birthplace Eckhart Md.  
Mother's Maiden Name Mary Ann Porter Mother's Birthplace Eckhart Md.  
Name of person giving Information Melinda Dean How related to deceased Husband

CAUSES OF DEATH

Primary

Diabetes & Endocarditis

64

How long

Several years.

Immediate

Cerebral Hemorrhage, Irene

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes -

Address

C. C. Cleay,  
Freelburg.

Accident or Suicide W

Filed 1909 MDT

PHYSICIAN  
OR CORONER

J. Hafer. Alba C

Name  
in  
Full

Fernando De Arasio

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Sept	10	Age	1	6
Sex	Color or Race	white	Birth-place	Eckhart Mines	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Single	—	—			
Father's Name	Luisa De Arasio				
Mother's Maiden Name	Borbino Palomba				
Name of person giving Information	Joseph Grandinetti				

CAUSES OF DEATH

Primary

Coffiss Bronchitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Physician

Address

105

How long

5 days

How long

Accident or Suicide

Catholic Cemetery  
Brooklyn, New York.

Name  
in  
Full

Salvatore Demire

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Francesca Demire				
Father's Name	Hatty					
Mother's Maiden Name	Hatty					
Name of person giving information	Not related					

1909 Dec 21 25 Italy

Male White

Coal Miner

Married

No Known

Not Known

Antonio Sarra

CAUSES OF DEATH

Primary

Pyphoid fever

1

How long

11 days

Immediate

Intestinal hemorrhage

How long

3 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. L. Cowley

Drostburg Md

Accident or Suicide?

Catholic  
Cemetery

Name  
in  
Full

Sarah Miller

Dye

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Barton

Town

Date  
of death 1909

Month

Day

Years

26

Age

66

Months

MARYLAND

Days

Sex Female

Color or  
Race

White

Birth-  
place

Allegany, Co.

Occupation

STW

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

James

Dye

Father's  
Name

William Miller

Father's  
Birthplace

Alleg. Co., Md

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

James Dye

How related  
to deceased

Son

CAUSES OF DEATH

59

How long

ten days

How long

About 15 years

Primary

Simple Gastritis

Primary  
Immediate

Chronic Morphinism

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. A. Brecher

Barton Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs May Fisher  
Died at Cumberland County  
Date of death 1909 Month 12 Day 1st Age 42  
Sex Female Color or Race White Birth-place Pa

CERTIFICATE OF DEATH

MARYLAND

Months 0 Days 0

Occupation  
House wife

Where Residing if not  
at place of death  
Cumberland

Married, Single  
or Widowed  
Married

Name of Wife or  
Husband  
Geo Fisher

Father's  
Name  
Dont know

Father's  
Birthplace  
Dont know

Mother's  
Maiden Name  
Hannah

Mother's  
Birthplace  
Hannah

Name of person giving  
Information  
Geo Fisher

How related  
to deceased  
Husband

CAUSES OF DEATH

Primary

Valvular Heart disease Several years

Immediate

dephritis with uremia

How long

several months

Are the name, age, sex, color, date  
and place correctly given above ?

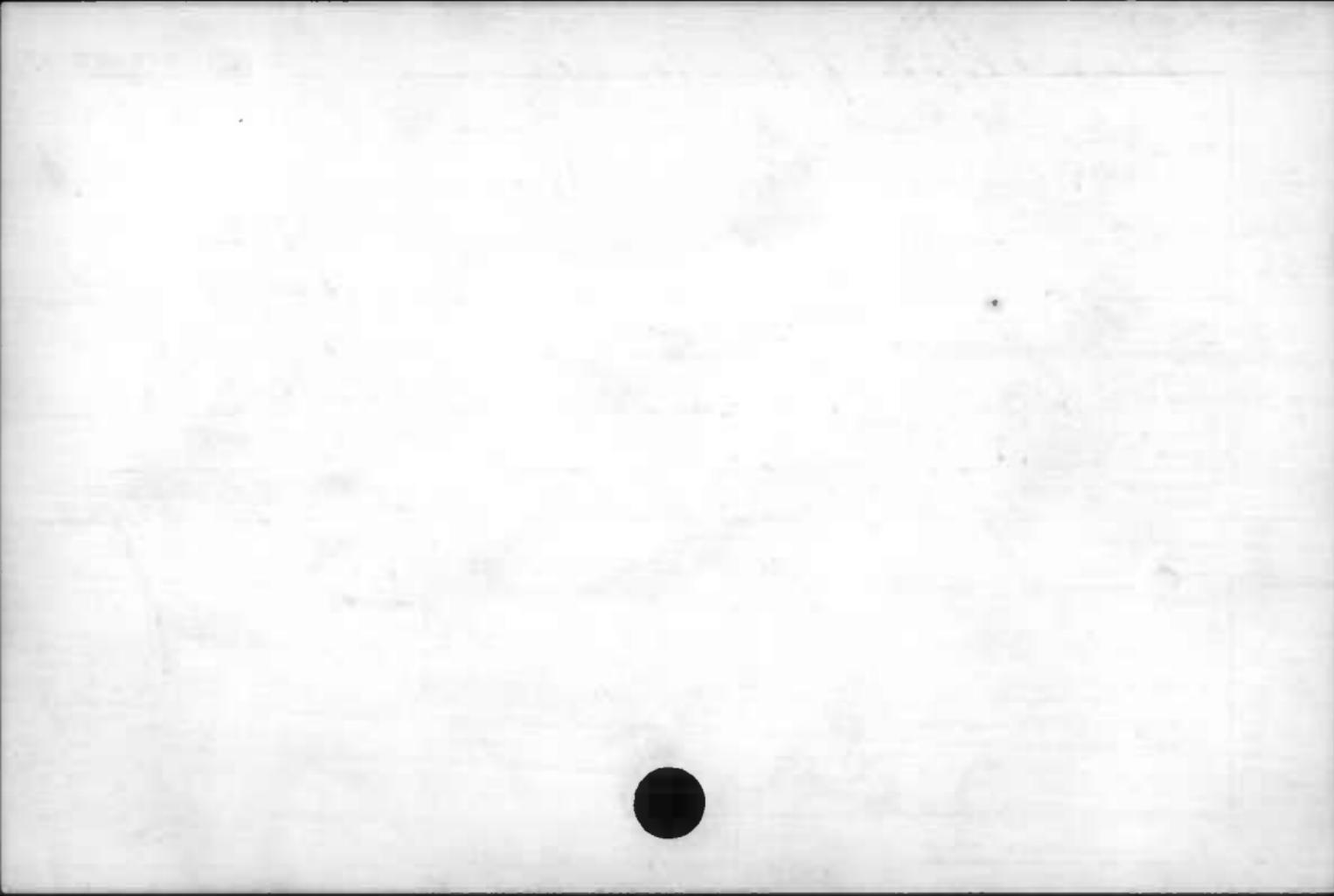
yes

Signature of  
Physician

Address

EB Claybrook  
Cumberland Md

Accident or Suicide



Philip Winfield Scott Foutz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Frostburg		Allentown		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Male		White		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		New shaft	
Father's Name	Jabias Foutz		Father's Birthplace		Md	
Mother's Maiden Name	Annie May Miller		Mother's Birthplace		Miller	
Name of person giving information	John W. Foutz		How related to deceased		Brother	
CAUSES OF DEATH						
Primary	Gun shot wound		How long		159	
Immediate	Internal hemorrhage		How long		"	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Coroner	
Yes			Address		A. J. Dressman	
Accident or Suicide?					C. M. D. M.D.	

PHYSICIAN  
OR CORONER

I

Worthington Hunt and  
Allegany  
Cemetery

Name  
in  
Full:

George A. Griffey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	
Ellerslie	alleg	MARYLAND	
Date of death	Month	Day	Years
1909	Dec.	8	Age 71
Sex	Male	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Railroader —	
Married	Cathrine Miller.		
Father's Name	Asbury Griffey		
Mother's Maiden Name	Mary Clark		
Name of person giving information	Chas Griffey		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis  
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes  
Stim.

Signature of Physician

Address

66

How long

2 yrs

How long

6 days

Heart Smith  
Ellerslie  
Md

Accident or Suicide?



Name  
in  
Full

Marjorie Gurley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1909		Dec	4	3	6	1
Sex	Female		Color or Race	White		
Occupation	None		Where Residing if not at place of death	None		
Married, Single or Widowed	Single		Name of Wife or Husband	None		
Father's Name	Sanford A Gurley		Father's Birthplace	Cumberland, Pa.		
Mother's Maiden Name	Elfa Harrison		Mother's Birthplace	Hedgesville, W. Va.		
Name of person giving information	Sanford Gurley.		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Scarlet Fever

Immediate  
Acute Nephritis

Are the name, age, sex, color, date and place correctly given above?

Stone

Signature of Physician

Address

Eff White  
Cumberland, Md.

Accident or Suicide

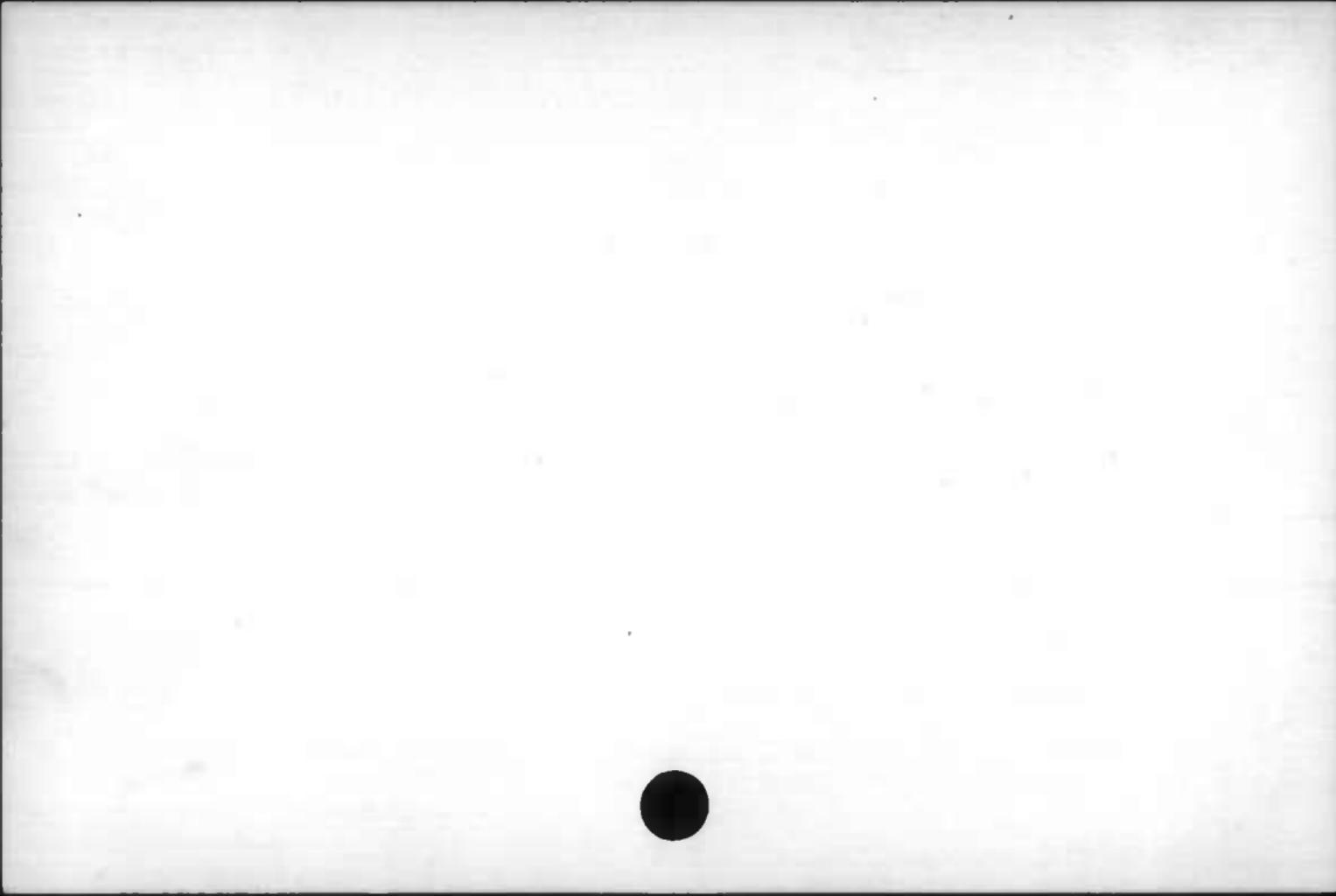
7

How long

1 week

How long

3 days



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at	Frostburg	Allegany	Month	Year	Month	Days	
Date of death	1909	sec	Day	Age	3	5-	
Sex	Male	Color or Race	White	Birth-place	Frostburg		
Occupation	Liquor Dealer		Where Residing if not at place of death	Frostburg			
Married, Single or Widowed	Married		Name of Wife or Husband	Christina			
Father's Name	Philip Hartig		Kupferstein			Elm	
Mother's Maiden Name	Martha E. Miller		Kupferstein			Elm	
Name of person giving Information	O. H. Shiring		Germany			Germany	

CAUSES OF DEATH

Primary

Alcoholism

56

How long

several years

Immediate

Hemorrhage of stomach 25 minutes

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. L. Loring  
Frostburg

Accident or Suicide

Allegheny Cemetery  
Brothman Turnard Co

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Henry Hast.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month Dec	Day 25	Years Age 63	Months	Days
Sex	Male	Color or Race	White			
Occupation	Insurance Agent					
Married, Single or Widowed	Married	Name of Wife Husband	Mary C Hast.			
Father's Name	Conrad Hast.					
Mother's Maiden Name	D. R.					
Name of person giving Information	Louis Hast					

CAUSES OF DEATH

Primary

Organic heart disease (mitral regurgitation)

79

How long

30 years

Immediate

Embolism of right leg

How long

4 days

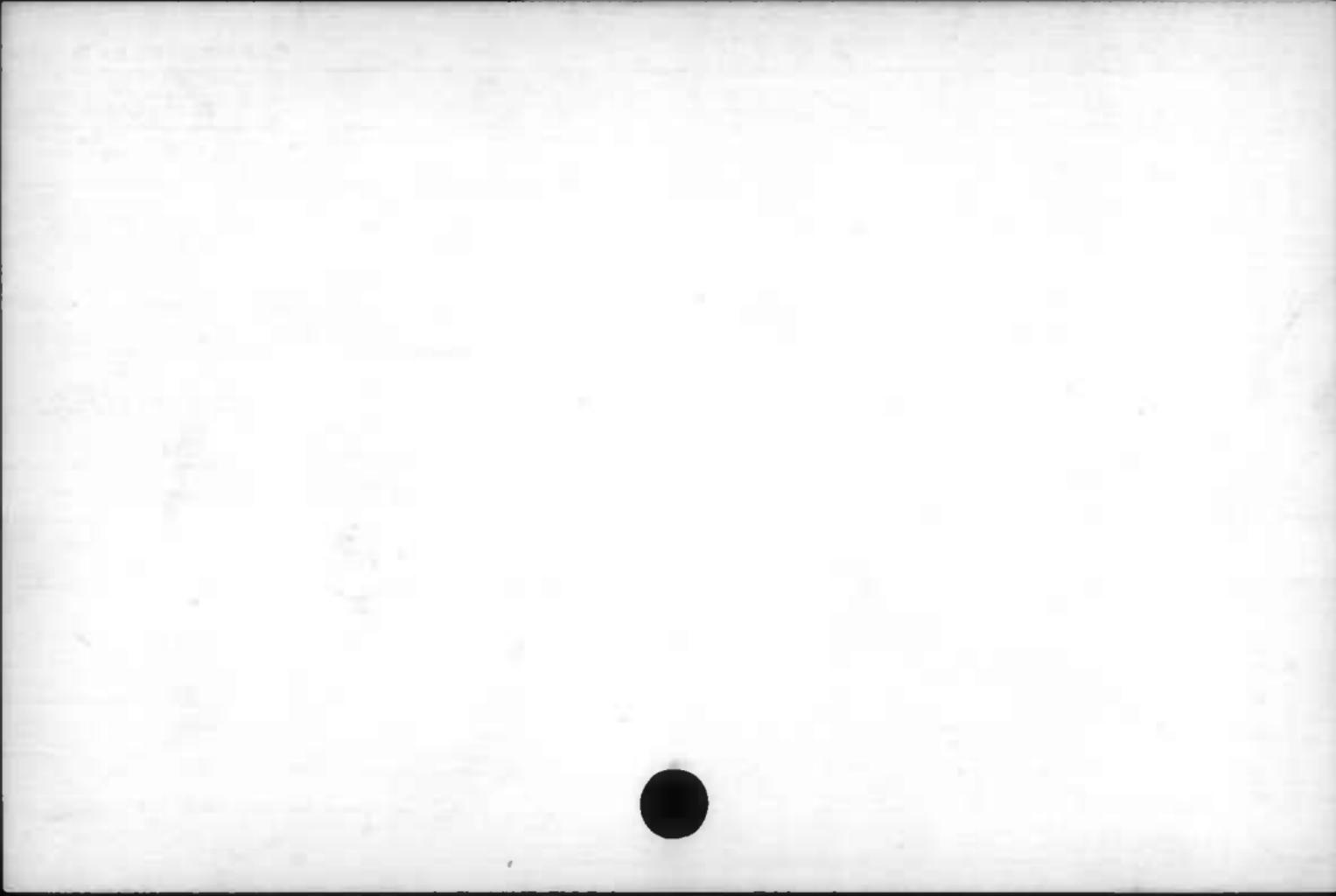
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James J. Johnson, M.D.  
Cumberland, Md.

Accident or Suicide



Name  
in  
Full

Lydia E. Henry

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Dec	25	68	9	15
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife				
Married, Single or Widowed	Married	Name of Wife or Husband	James N. Henry,		
Father's Name	Geo. W. Stump				
Mother's Maiden Name	Mary Ann Loar				
Name of person giving information	Jos. N. Henry				

CAUSES OF DEATH

120

Primary	Chronic Nephritis		How long	Unknown
Immediate	Edema of lungs		How long	12 hours.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. A. R. Stump,
			Address	Frostburg.
Accident or Suicide? —				

PHYSICIAN  
OR CORONER

Hofr. Vale Summit C

Name  
in  
Full

Torina Morris Yees

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Barnellville		Adel				
Date of death	1909	Month Dec	Day 22	Age	Years	Month 3
Sex	Female	Color or Race	A little		Birth-place	Barnellville, Md
Occupation			Where Reading if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Chas Yees		Father's Birthplace			W. Va
Mother's Maiden Name	Burtha Holt		Mother's Birthplace			Pa
Name of person giving Information	Chas Yees		How related to deceased			Father

CAUSES OF DEATH

Primary

Drainit

179

How long

all life

Immediate

Exhausted

How long

8 J hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

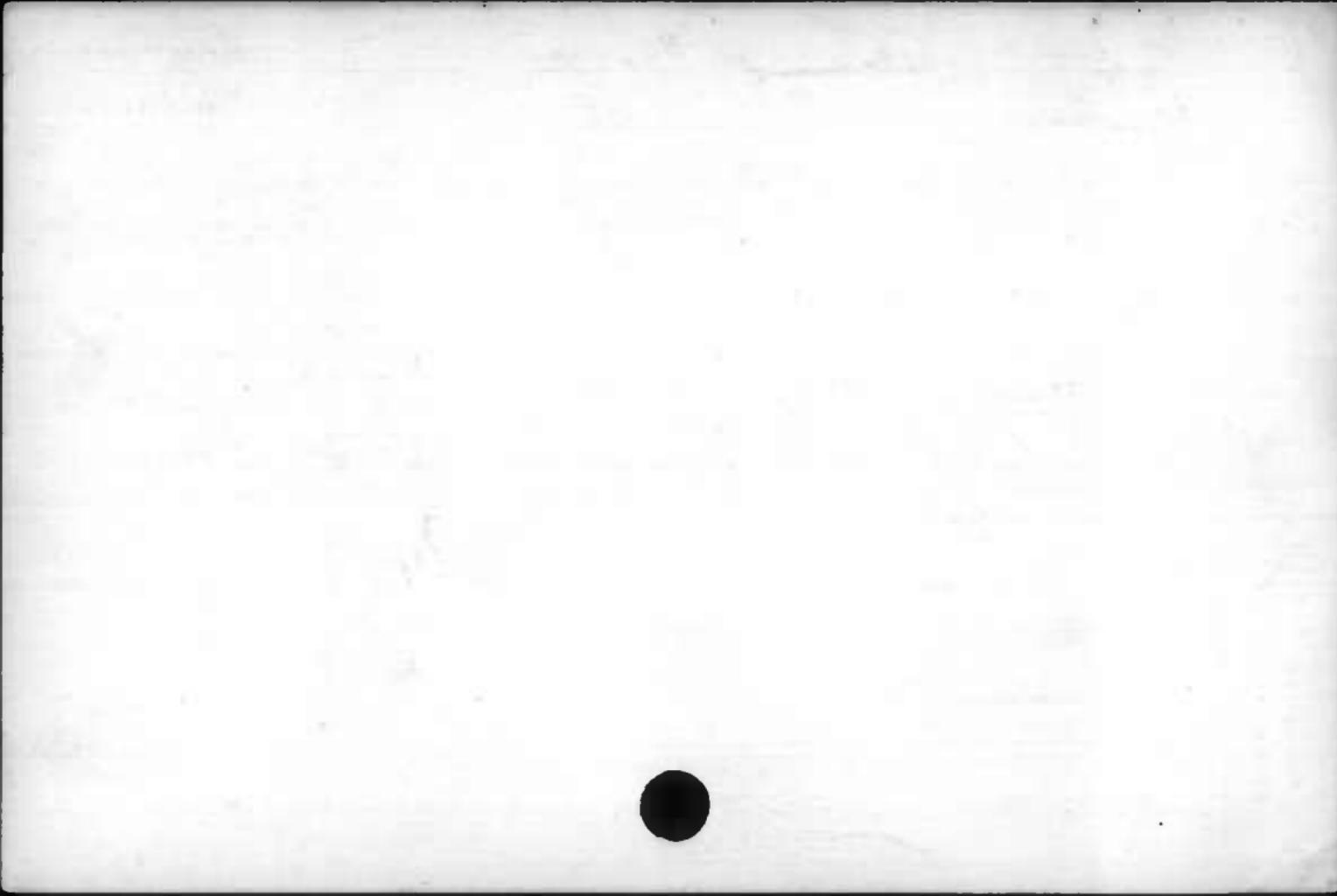
Address

F. Alan E. Murray M.D.  
112 Sargent Ave

g

Accident or Suicide

PHYSICIAN  
OR CORONER



Garland Davis Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at

Town

Cumberland

County

allegany

MARYLAND

Date  
of death

Month

Day

Years

1909 Dec

25

~

Age 3

Months

3

Days

23

Sex

Male

Color or  
Race

white

Birth-  
place

Baltimore Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John W Johnson

W. Va

Mother's  
Maiden Name

Gertrude Arnett

Va

Name of person giving  
Information

Mr JW Johnson

How related  
to deceased

Mother

Scalded

## CAUSES OF DEATH

Primary

Extensive burn 2/3 of body

167

How long

3 days

Immediate

Exhaustion

How long

3 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

G. L. Davis M.D.

Pomona Md

Address

Cumberland Md

Accident or Suicide?

yes 29



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Died at

Month

Day

Years

Montha

Days

Date  
of death 190

9 Dec

Age

68

Sax

Color or  
Race

Female

White

Birth  
place

Rescooning,

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widowd

Name of  
Husband

James Johnson (deceased)

Father's  
Name

Henry D. Parker

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Lucinda Metz

Mother's  
Birthplace

Unknown

Name of person giving  
information

W. B. Russell & Son

How related  
to deceased

daughter,

CAUSES OF DEATH

Primary

Carcinoma of Stomach

40

How long

One year

Immediate

Emaciation

How long

8 months,

Are the name, age, sex, color, date  
and place correctly given above?

Yes

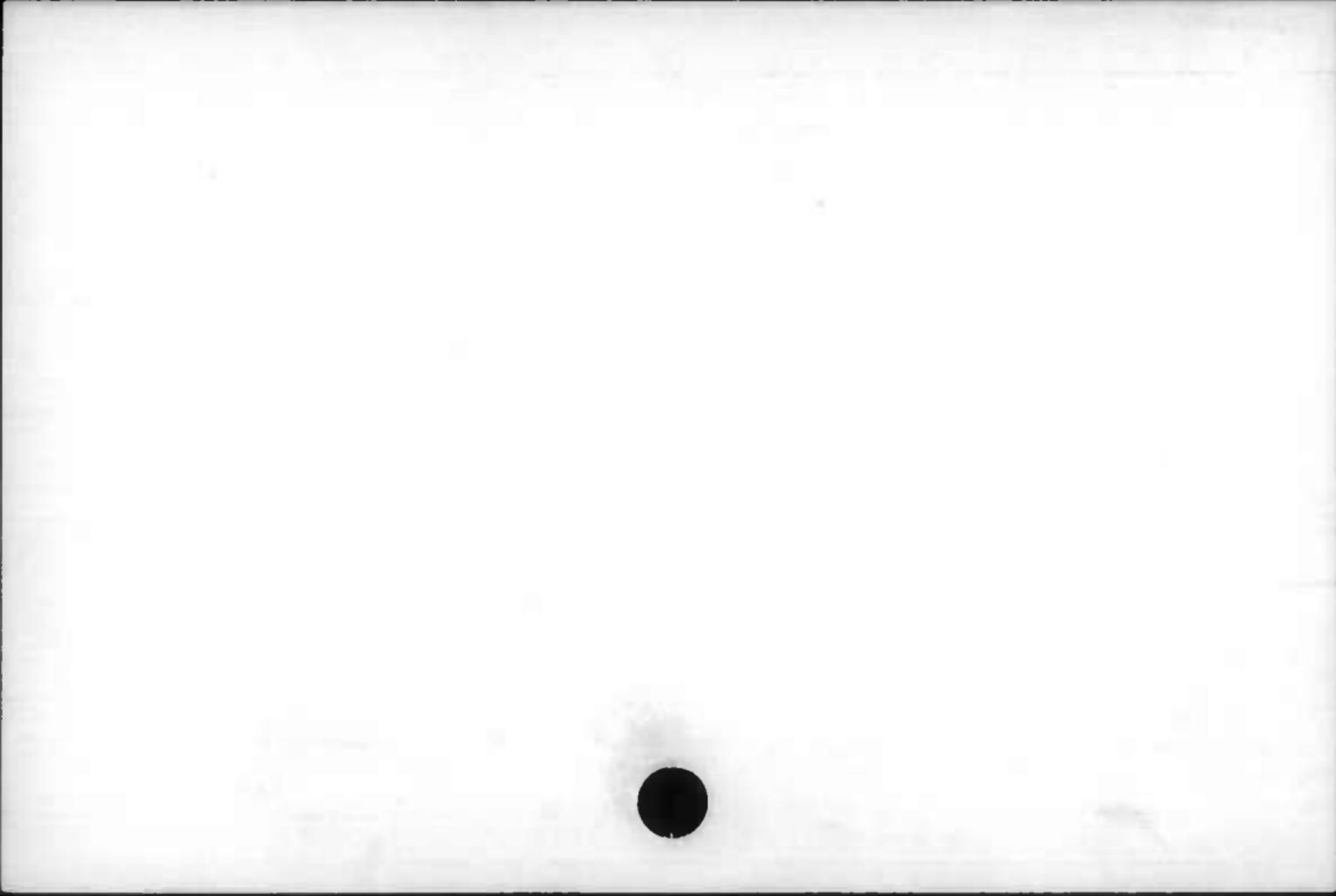
Signature of  
Physician

W. B. Skilling M.D.

Address

Rescooning,

Accident or Suicide



Name  
in  
Full

Idella Cecelia Kaiser

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Cumberland Alleg.  
Died at MARYLAND  
Date Month Day Years Months Days  
of death 1909 Dec. 23 21 2 20  
Sex Color or Birth-  
Race place  
Occupation Piloress Where Residing if not  
at place of death  
Married, Single Name of Wife or  
or Widowed Husband None  
Father's Name Frederick Kaiser Father's Birthplace Germany  
Mother's Maiden Name Margaret Bach Mother's Birthplace Md  
Name of person giving Information Frederick Kaiser How related  
Information to deceased Father.

CAUSES OF DEATH

Primary

Typhoid Fever

How long

6 weeks

Immediate

Exhaustion

How long

6 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

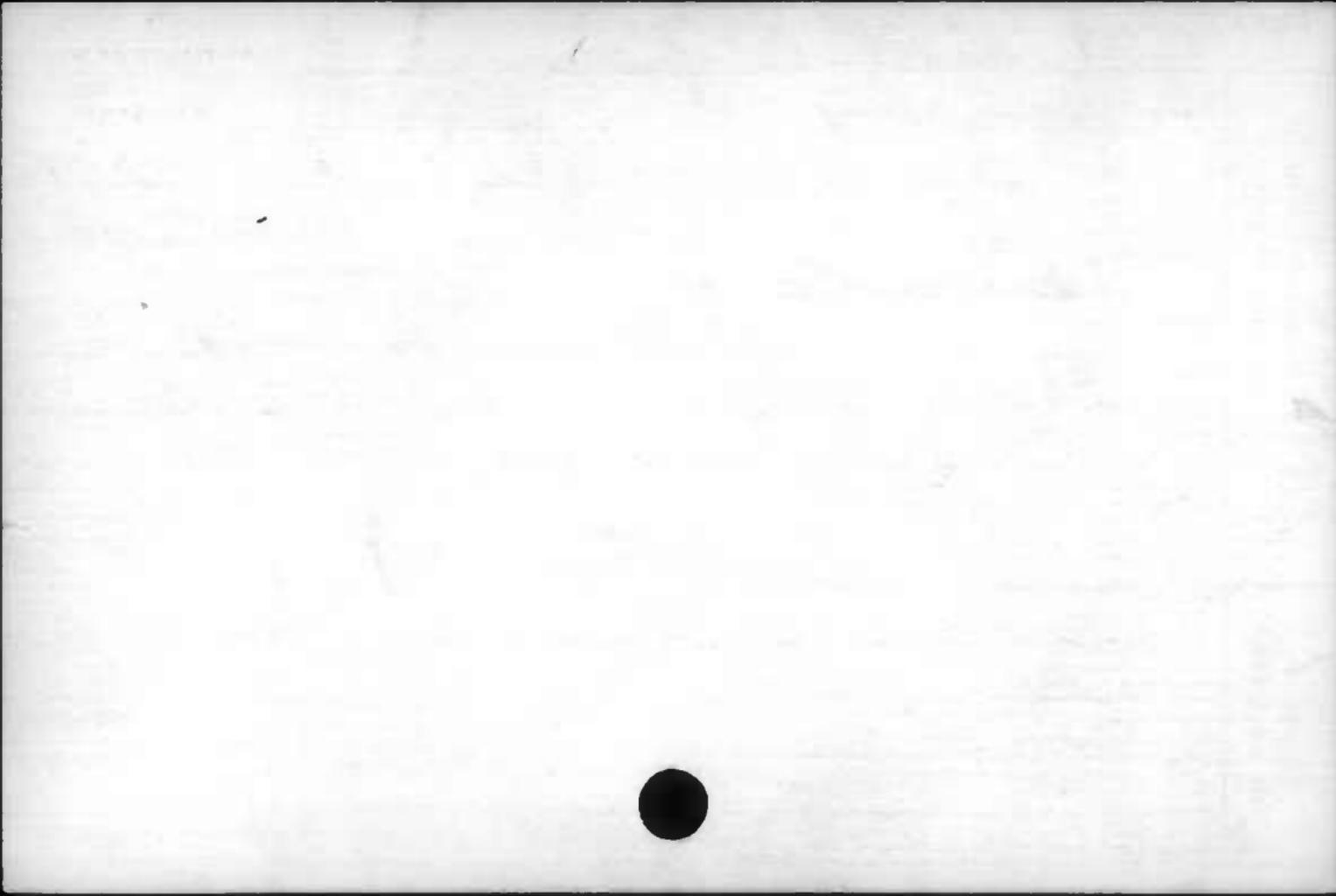
Signature of  
Physician

Address

T.B. McDonald  
Cumberland  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Harriett A Kane

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Grosby

Alley

Date of death

Month

Day

1909

Dec

13

Age

Years

82

Months

6

Days

25

Sex

Fr

Color or  
Race

Occupation

Governess

W

Birth-  
place

Grosby

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of ~~Husband~~  
Husband

Father's  
Name

James Kane

Father's  
Birthplace

Md

Mother's  
Maiden Name

Dennis Beall

Mother's  
Birthplace

Md

Name of person giving  
Information

Elizabeth-Beall

How related  
to deceased

Nephew

CAUSES OF DEATH

Primary

Cardiac disease

79

How long

Don't know

Immediate

Old age

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Griffith  
Grosby

Accident or Suicide

Top of Town  
in Frostburg Penn. Md Co

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Frances Gherbes Kuehne

CERTIFICATE OF DEATH

MARYLAND

Died at Cumberland County Allegany  
Date of death 1909 Month 12 Day 30 Years 43 Months  Days

Sex Male

Color or Race White

Birth-place Cumberland

Occupation Merchant

Where Residing if not  
at place of death Cumberland

Married, Single  
or Widowed Single

Name of Wife or  
Husband None

Father's Name John G.

Father's Birthplace Germany

Mother's Maiden Name Katherine Bill

Mother's Birthplace Germany

Name of person giving  
Information Bertha Kuehne

How related  
to deceased Sister

✓ Died during a drinking bout.

CAUSES OF DEATH

Primary Alcoholism

56

Immediate Heart failure

How long

Several years.

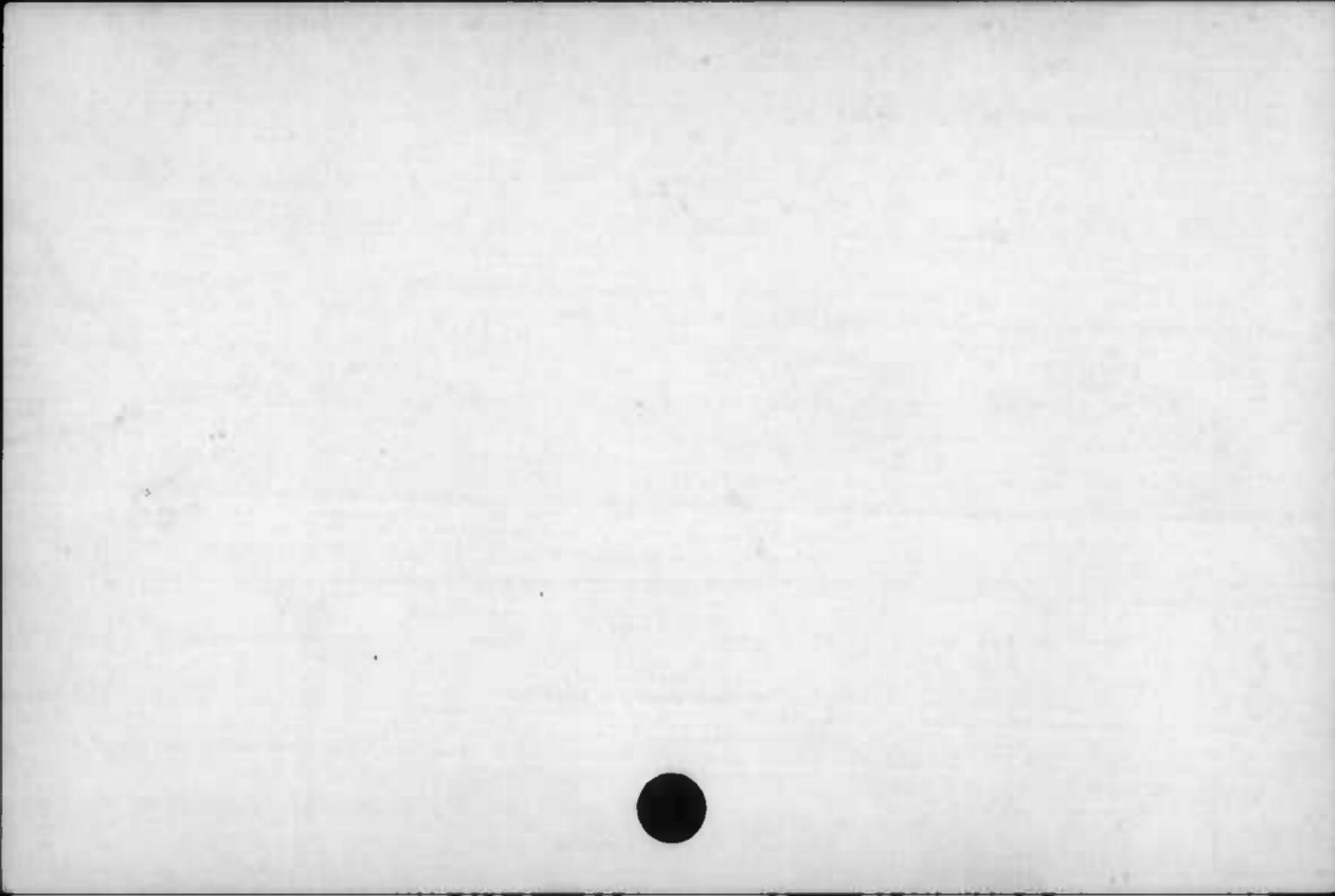
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Accident or Suicide?

Address

Coroner John J. Dressman  
Accident Cumberland, Md.



Name  
in  
Full

Mary Elizabeth Lapperty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Etchahh Mine

County

Date of death 1909 Month Oct.

Day 8

Years One

Months 10

Days 13 -

Sex Female

Color or Race

White

Birth-place

Etchahh Mine

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

John Elvin Lapperty

Father's Birthplace

Alleg. Co -

Mother's Maiden Name

May Dudley

Mother's Birthplace

Alleg. Co -

Name of person giving  
Information

John May Dudley

How related  
to deceased

Mother

CAUSES OF DEATH

64

How long

Primary

Immediate

Sudden congestion of brain. 6 hours.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

John Grawell -

Address

Etchahh Mine  
2nd.

PHYSICIAN  
OR CORONER

Accident or Suicide

Legs

Hafner, Eckhart Am

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Roy Leongard Lamb

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Barrelville

Allegany

County

Month

Month

Day

Years

Months

Deys

Date  
of death 190

9

Dec. 24

2

8

20

Age

7

7

20

Sex

Male

Color or  
Race

White

Birth-  
place

Flinton

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

David R. Lamb

Father's  
Birthplace

Huntsville, Pa

Mother's  
Maiden Name

Minnie May Moore

Mother's  
Birthplace

Smithton, W. Va

Name of person giving  
Information

David R. Lamb

How related  
to deceased

Father

CAUSES OF DEATH

(167)

Primary

Playing with match and set clothes afire

How long

12

Immediate

Burns on body

How long

Burns

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

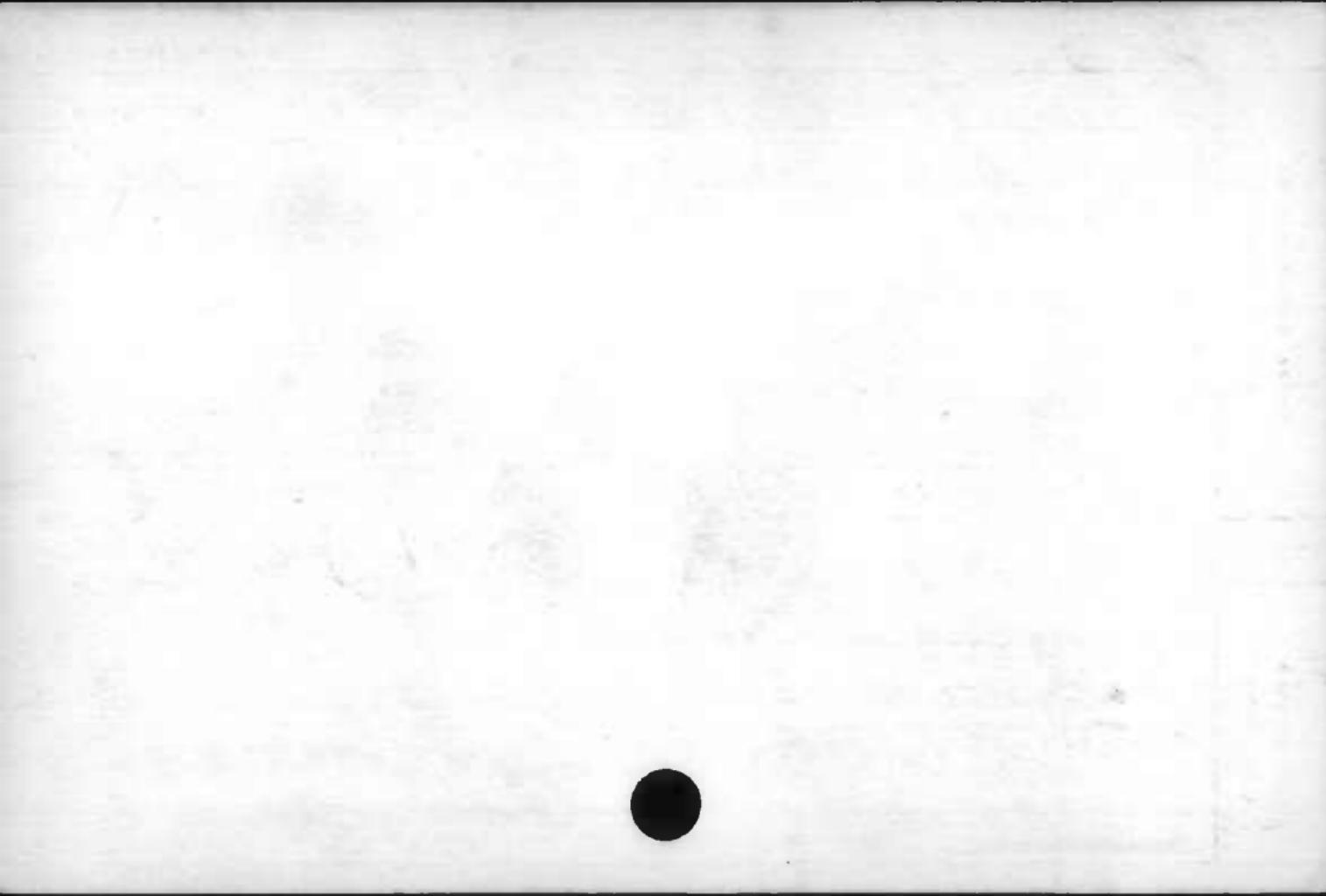
Address

F. Alan G. Deeny, M.D.  
and Sarah Deeny

yes

Accident or Suicide

Accident



Name  
in  
Full

Thomas Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Locality	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	67	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Newtown			
Father's Name	Newtown				
Mother's Maiden Name	Newtown				
Name of person giving Information	Peter Wilson				

CAUSES OF DEATH

Primary Chronic Bronchitis

91

How long  
4 mo

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

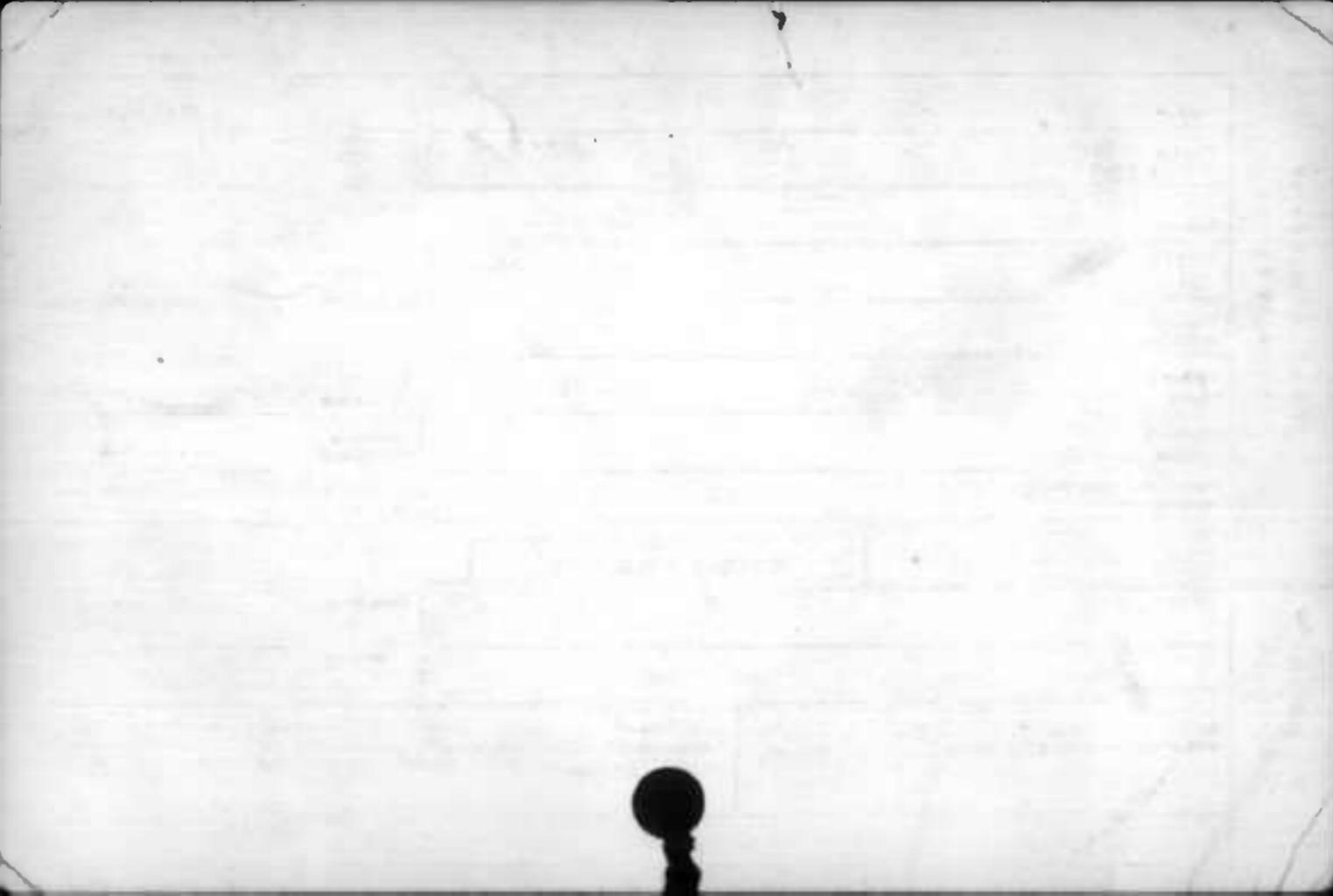
Signature of Physician

Address

W. F. Swigg.  
Cumberland  
Md.

Stein

Accident or Suicide



Name  
in  
Full

Arthur B Largent

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Frostburg

Town

Date  
of death

1909

Month

Dec

Day

29

County

Allegany

MARYLAND

Months

5

Days

19

Sex

Male

Color or  
Race

white

Birth-  
place

Virginia

Occupation

Carpenter

Where Residing if not  
at place of death

Married, Single  
or Widower

Name of Wife or  
Husband

Anna Largent (deceased)

Father's  
Name

Unknown

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Pa

Name of person giving  
Information

Wilton Largent

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Alcoholism

56

How long

3 years

Immediate

Heart Failure

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

G. L. Linner  
Frostburg  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER

Horning Farm ~~Wm C~~

Allegheny Cemetery

Name  
in  
Full

Adella Spidley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Curtis County Allegany MARYLAND

Date of death 1909 Month 12 Day 22 Years 7 Months 3 Days 11

Sex Female Color or Race White Birth-place Curtis

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband Sue L. Father's Birthplace Hagerstown

Father's Name Charles - Lindsay Mother's Birthplace Envoy

Mother's Maiden Name Nettie - Lindsay How related to deceased Aunt

Name of person giving information Barbara Deasur

CAUSES OF DEATH

Primary

Burn. entire body charred 3 hrs.

Immediate

Shock ~~at 11 a.m. playing with matches~~

167

How long

Are the name, age, sex, color, date and place correctly given above?

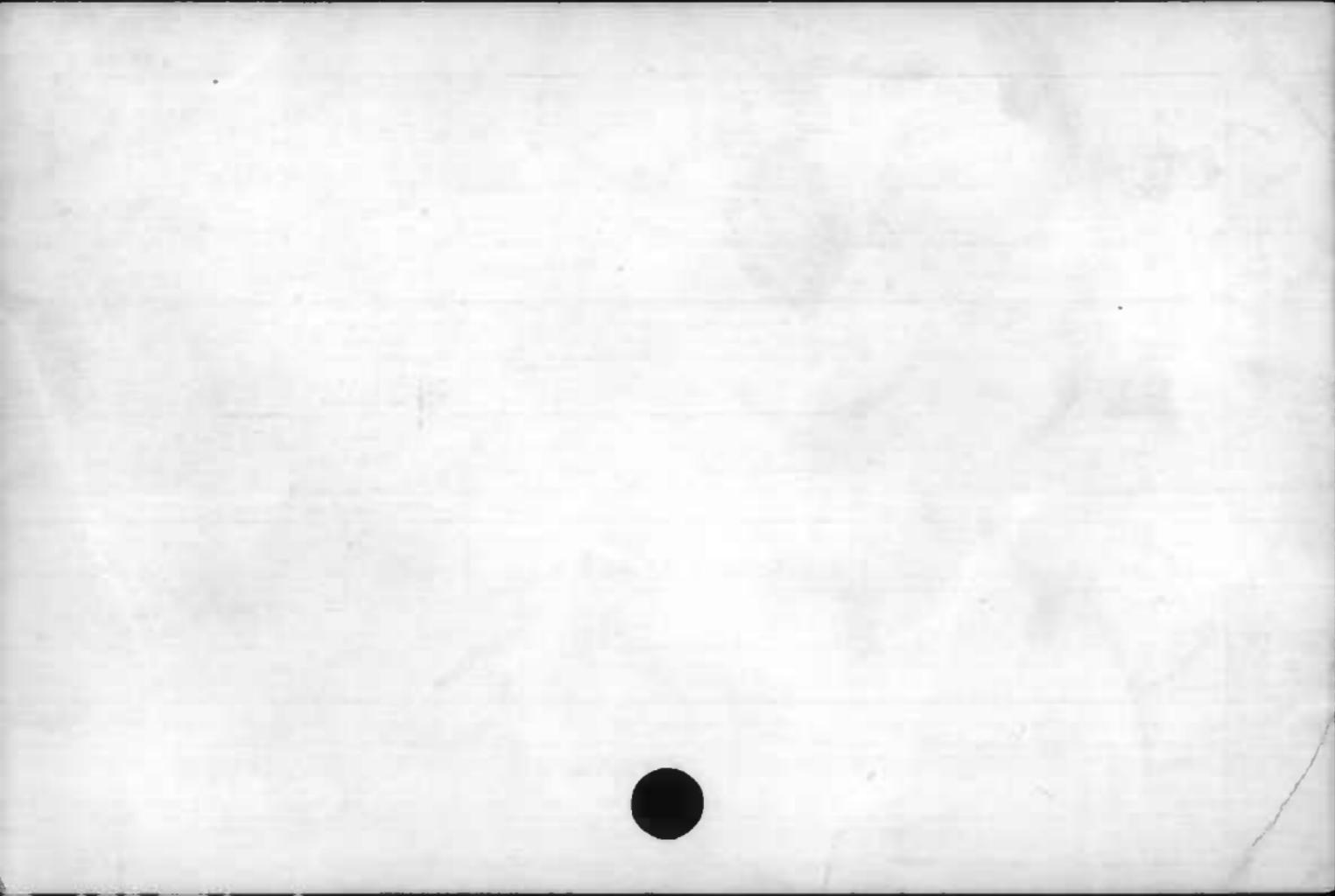
Signature of Physician

Address

Accident or Suicide

accident

PHYSICIAN  
OR CORONER



Name  
in  
Full

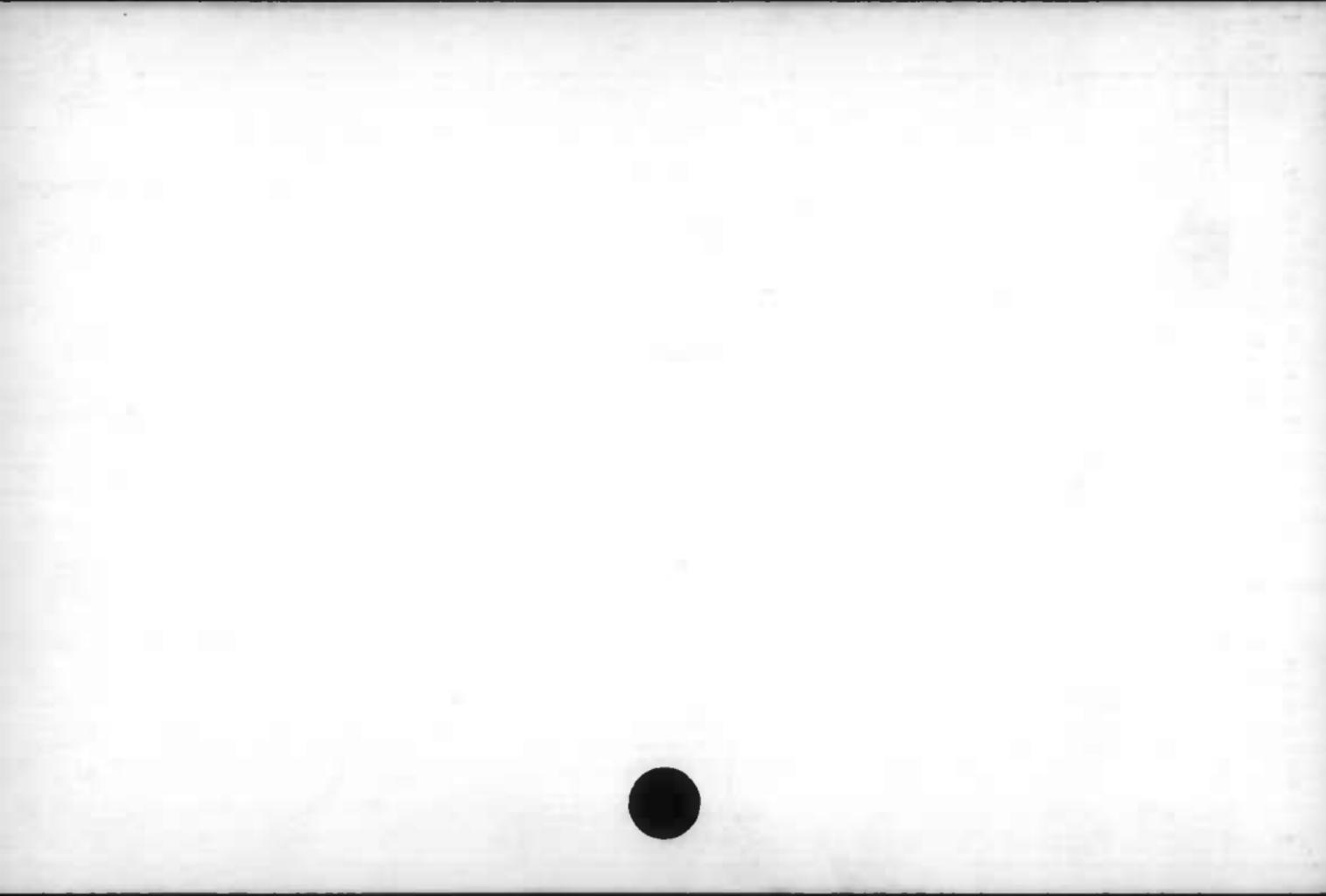
Elizabeth Little

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Died at	Cumberland		alleg	Months	Days
Date of death	Month	Day	Years		
1909	DEC	24	35		
Sex	Female	Color or Race	white	Birth-place	Boston, Mass.
Occupation	Housekeeper		Where Residing if not at place of death	—	
Married, Single or Widowed	Widow.		Name of wife or Husband	Wm. Little.	
Father's Name	Henry Betz		Father's Birthplace	Germany	
Mother's Maiden Name	Elizabeth Profetter		Mother's Birthplace	"	
Name of person giving Information	Henry Betz		How related to deceased	Bro.	
CAUSES OF DEATH					
Primary	Acute Articular Rheumatism		47	✓	
Immediate	Ventral regurgitation		How long	3 weeks	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long	36 hours	
Physician or Coroner	William R. Foard MD		Address	9 Virginia Ave Cumberland.	
Item					
Accident or Suicide					

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Town		County		MARYLAND	
Died at	Concertina	Month	Dec	Year	5-9	Month	Day
Date of death	1909	Age	57	Birthplace	Frederick Md.		
Sex	Female	Color or Race	White				
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Elton	Name of Wife Husband	Joseph Myers (deceased)		Father's Birthplace	Scotland	
Father's Name	William				Mother's Birthplace	Scotland	
Mother's Maiden Name	Sonsay Robb				How related to deceased	Daughter	
Name of person giving Information	Joseph G. Chamber				93	How long	
CAUSES OF DEATH							

Primary

Pneumonia

93

How long

Immediate

Heart failure

folly

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. B. Skillings M.D.  
Concertina

Accident or Suicide

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Nora Myers

Town

County

MARYLAND

Died at Cumberland

Alleg

Month

Day

Years

Months

Days

Date of death 1909 Dec 29

Age 22

Sex Female

Color or Race

White

Birthplace

Md

Occupation

Housekeeper

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Herbert A Myers

Father's  
Name

James Johnson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Do not know

Mother's  
Birthplace

D.R.

Name of person giving  
Information

Herbert Myers

How related  
to deceased

Husband

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Edema of Lungs

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

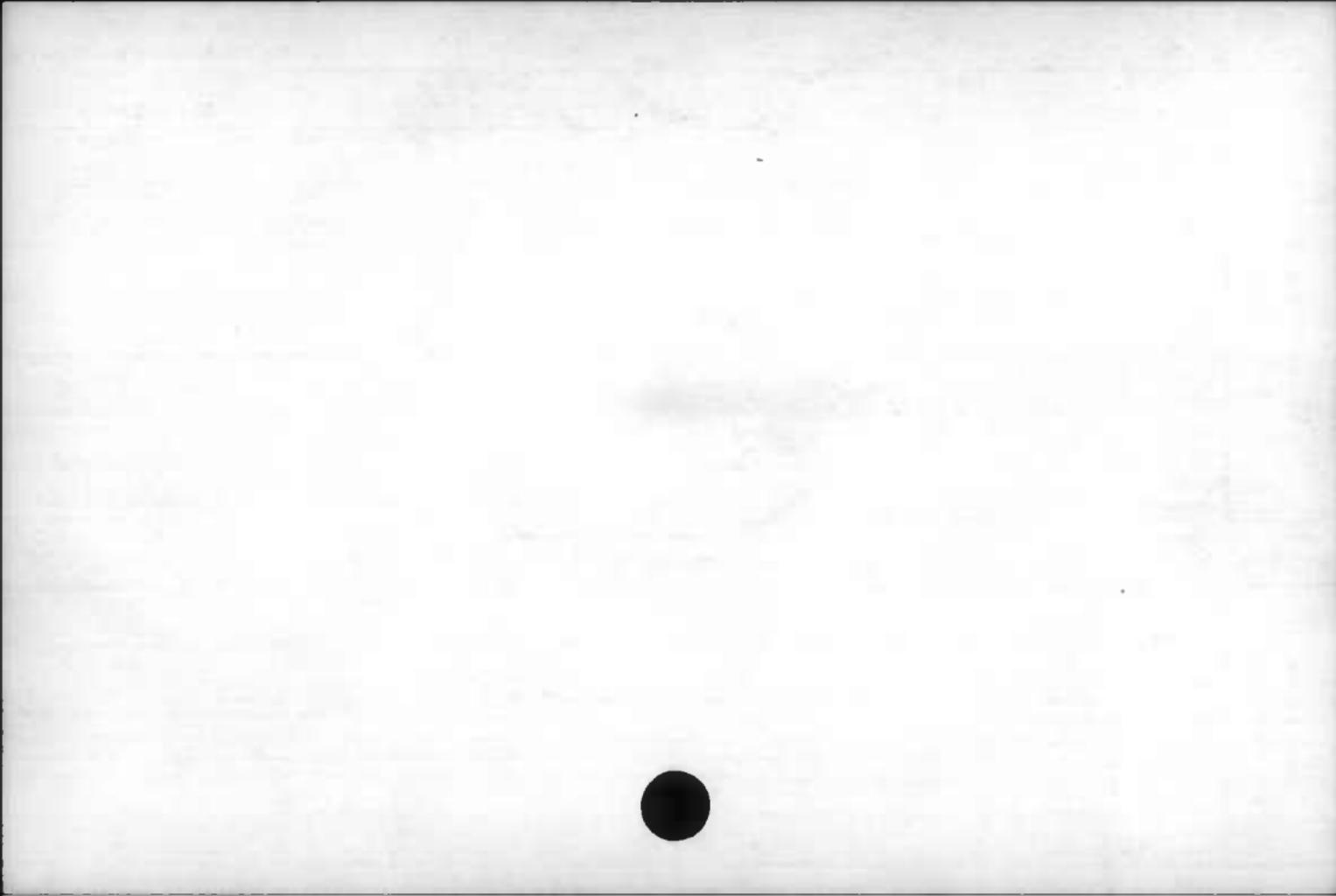
W. R. Hodges M.D.

Stein.

Address

Cumberland, Md.

Accident or Suicide



Name  
in  
Full

John Peabody Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Glendale - Md County MARYLAND  
Date of death 1909 Month 12 Day 20 Years 60 Age 60 Months - Days -  
Sex Male Color or Race White Birthplace Eng Land  
Occupation - Where Residing if not at place of death Washington D.C.  
Married, Single or Widower Single Name of Wife or Husband Esther Peabody  
Father's Name John Peabody Father's Birthplace Eng Land  
Mother's Maiden Name Jacqueline Power Mother's Birthplace England  
Name of person giving information Esther Peabody How related to deceased Daughter

CAUSES OF DEATH

Primary

Labor pneumonitis

93

How long

2 days

Immediate

Exhaustion

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. B. McDonald  
Amherstland Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Virginia

McDonald



A handwritten signature in cursive script. The name 'McDonald' is written in a flowing, connected style. A decorative flourish or underline is drawn across the signature, starting from the left, curving upwards and to the right, and ending with a small vertical tick mark.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at	Town		County			
Date of death 190		Month	Day	Year	Month	Days
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Lemay, Parker			
Father's Name	W. Brown					
Mother's Maiden Name	Elizabeth Fugler					
Name of person giving information	Francesca Parker					

CAUSES OF DEATH

Primary

Senile dementia

Immediate

Rephritis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

119

How long

Several years

How long

A few days

How long

Several days

How long

Several hours

How long

A few hours

How long

Several hours

How long

F. F. I. N. G.

Eckhart

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Spars  
Cumberland according

CERTIFICATE OF DEATH

MARYLAND

Died at Town County  
Date of death Month Day Year Months Days  
1909 12 5 - - -

Sex Female Color or Race

Occupation

White

Birth-place Cumberland

Married, Single  
or Widowed

Name of Wife or  
Husband

Where Residing if not  
at place of death

Father's  
Name

James Rowlings

Father's  
Birthplace

Mother's  
Maiden Name

Maggie Fox

Mother's  
Birthplace

Name of person giving  
Information

Johns Rowlings

How related  
to deceased

Primary

Tuberculosis

27

How long

3 mos

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date  
and place correctly given above?

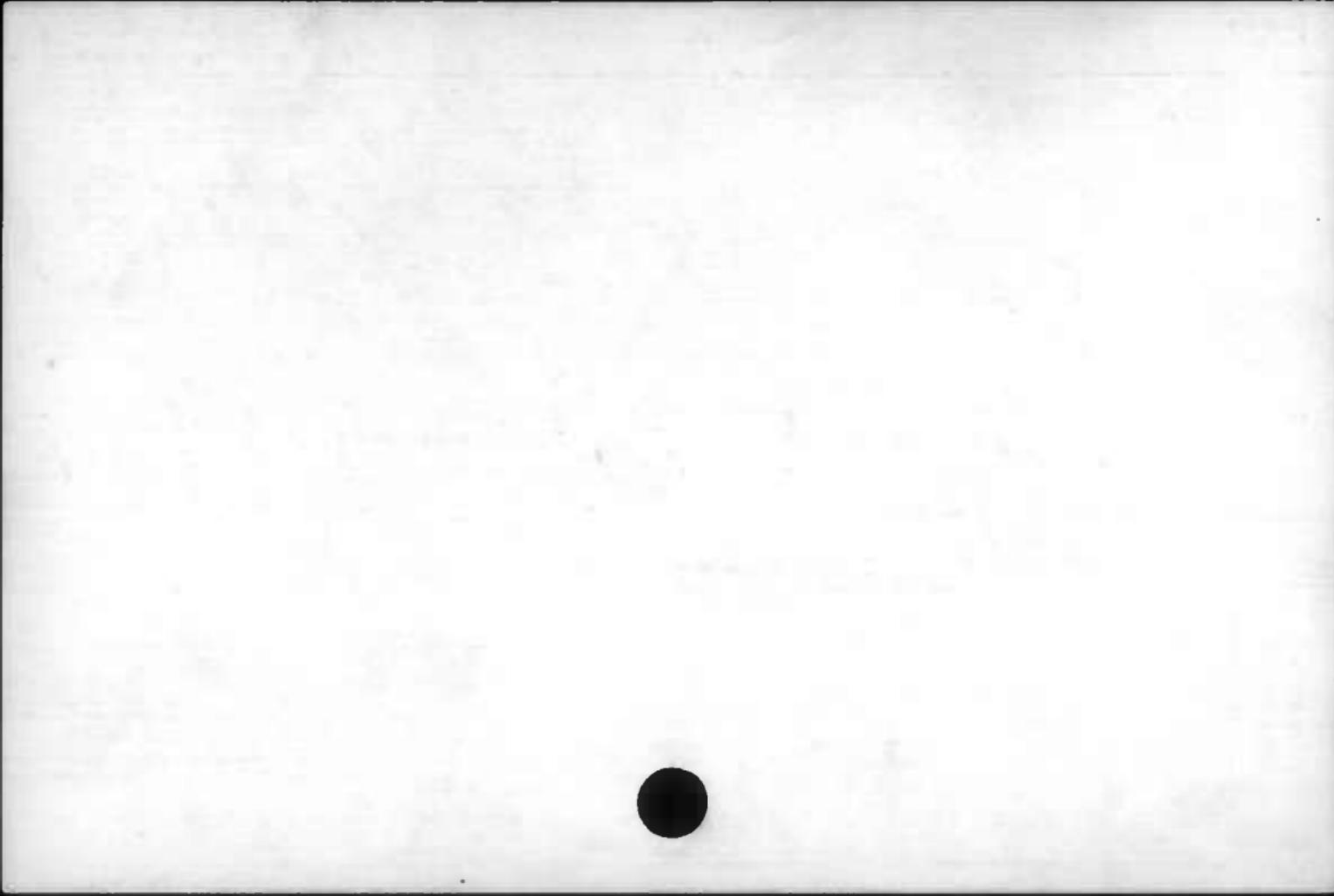
Signature of  
Physician

J. C. W.

Address

W. W. Wiley,  
Cumberland Md

Accident or Suicide



Benjamin F. Reynolds -				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1909	Month 12	Day 13	Age 44	Year	Months 11	Days
Sex	Male	Color or Race	White	Birth-place Barker Iova.			
Occupation	Farmer		Where Residing if not at place of death Ellerslie Iva.				
Married, Single or Widowed	Spouse	Name of Wife or Husband	Benjamin F. Reynolds				
Father's Name	James. Reynolds		Father's Birthplace	Court House			
Mother's Maiden Name	Bettie Earls		Mother's Birthplace	Gardensville Iva.			
Name of person giving information	C. St. 18 Blackmore		How related to deceased	Brother in Law			

## CAUSES OF DEATH

10

How long

4 days

How long

2 days

Primary

Sa- Grippe

Immediate

Tubro Meningitis

Are the name, age, sex, color, date and place correctly given above?

Stein Yes

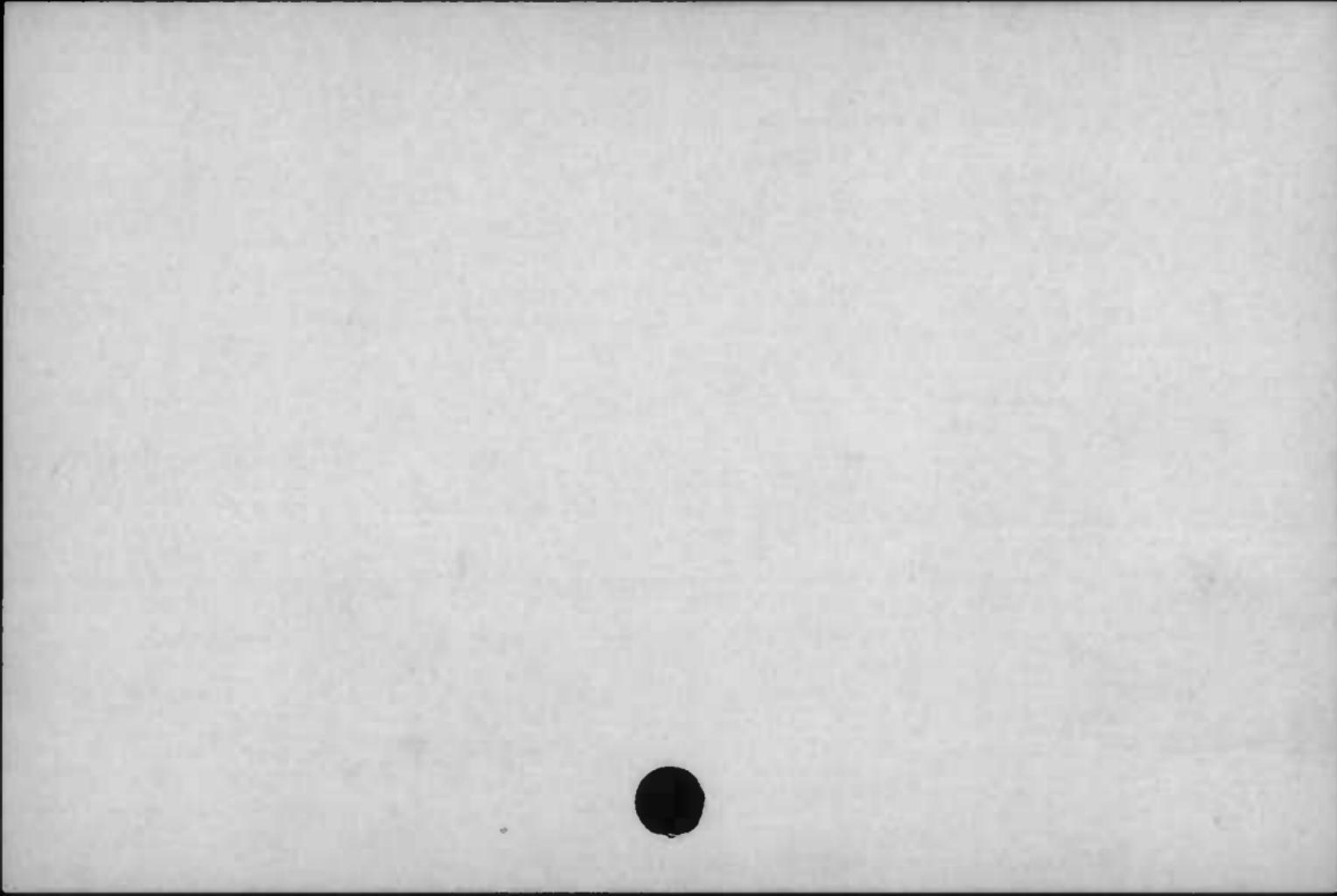
Signature of Physician

Address

Hearn Smith & Waliley  
Ellerslie and  
Lumberland Iva.

Accident or Suicide?

Romney W. C.



Name  
in  
Full

Hannah Johnson Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at  
Bartow

Town

Date  
of death

1909

Month

Dec

Day

24

County

Allegany

MARYLAND

Montha

5

Daya

23

Sex  
Occupation

Female

Color or  
Raca

white

Birth-  
place

Allegany, W.

Marriad, Single  
or Widowed

married

Name of Wife or  
Husband

James S. Roberts

Father's  
Name

Adam Johnson

Father'a  
Birthplace

England

Mother's  
Maiden Name

Jane Davis

Mothar'a  
Birthplace

Monong Co, W. Va.

Name of person giving  
Information

James S. Roberts

How related  
to deceased

Husband

CAUSES OF DEATH

42

How long

Primary

Cancer of uterus

Unknown

How long was well developed  
when discovered  
was last fact 6 weeks

Immediate

Are the name, age, aex, color, date  
and placia correctly given above?

Yes

Signature of  
Physician

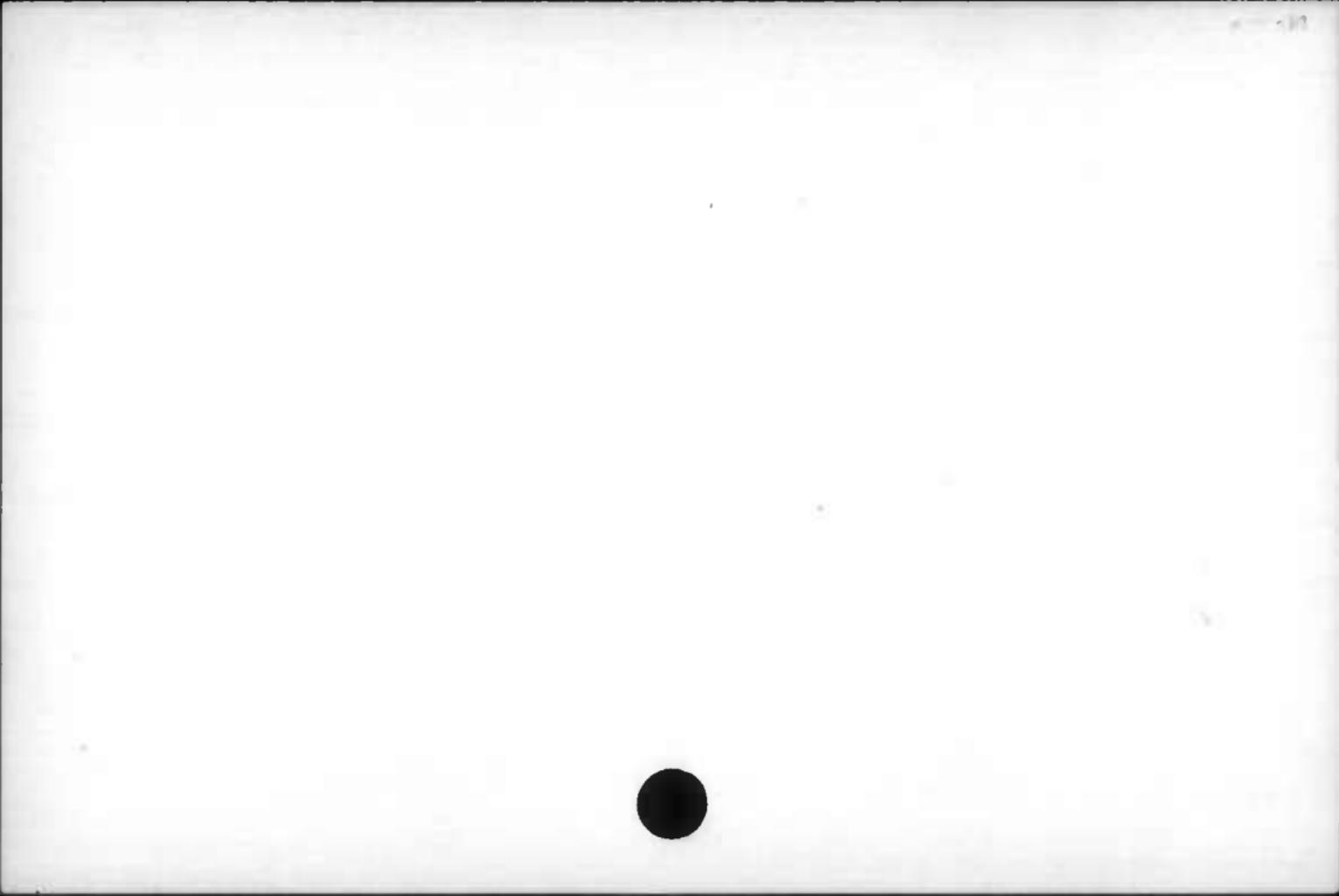
S. A. Boucher

Address

Barbour

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

infant Rumion

CERTIFICATE OF DEATH

Died at <u>Cumberland</u>		Month	Day	Year	County <u>Md</u>	MARYLAND	
Date of death	1909	Dec	29	Age	—	Month	Day
Sex	Male	Color or Race	White	Birthplace	Iowa		
Occupation	Where Residing if not at place of death <u>none</u>						
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	<u>Emory Rumion</u>		Father's Birthplace		<u>West Va</u>		
Mother's Maiden Name	<u>Theresa Ash</u>		Mother's Birthplace		<u>Md</u>		
Name of person giving Information	<u>Emory Rumion</u>		How related to deceased		<u>Father</u>		

CAUSES OF DEATH

Primary

Unknown. (Syphilis)

⑧<sup>How long</sup>

Immo Child  
How long

Immediate

Still Born.

1 yrs.

Are the name, age, sex, color, date and place correctly given above?

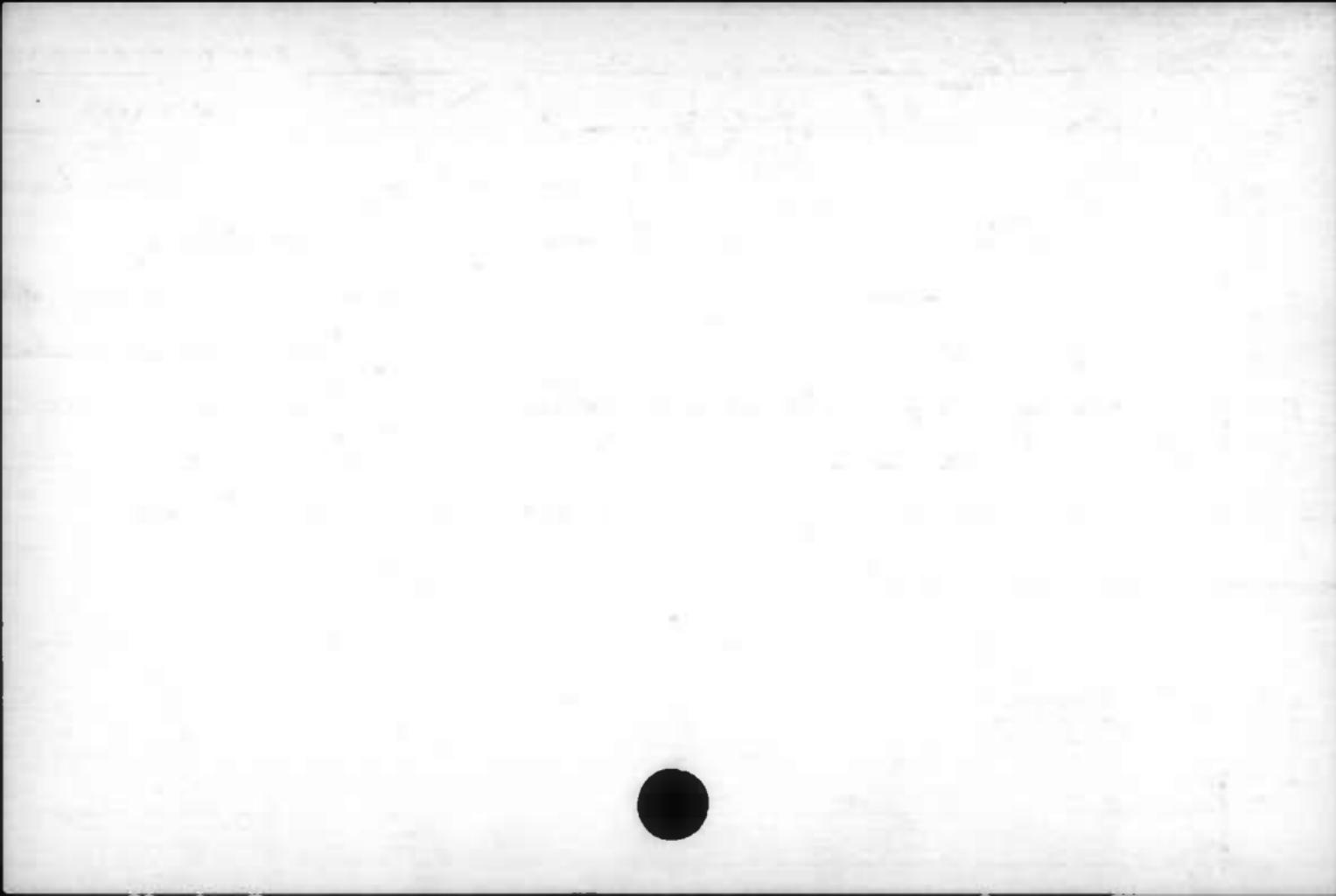
yes

Signature of  
Physician

Address

D. Dr Franklin  
Cumberland  
Franklin M.

Accident or Suicide



Name  
in  
Full

Frank Sambauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland Town Alley County MARYLAND  
Date of death 1909 Month 12 Day 28 Years 57 Months - Days -  
Sex Male Color or Race White Birth-place VA  
Occupation Merchant Where Residing if not at place of death Cumberland  
Married, Single or Widowed Married Name of Wife or Husband Dan Kno  
Father's Name Dan Kno Father's Birthplace Dan Kno  
Mother's Maiden Name " Mother's Birthplace "  
Name of person giving Information John Sambauer How related to deceased Son

CAUSES OF DEATH

Primary

Bright Disease

120

How long

2 year

Immediate

urinary cancer.

How long

2 day

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

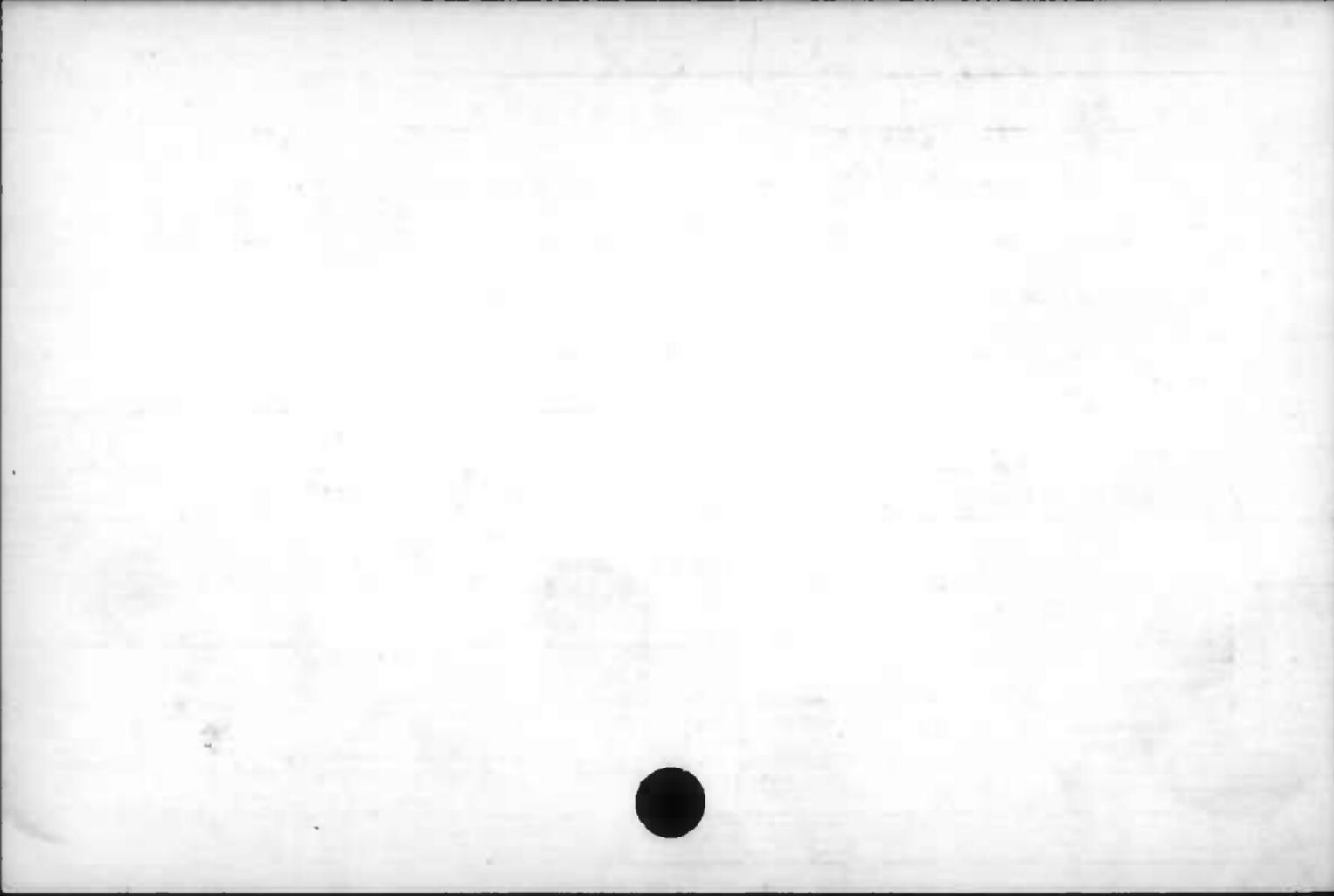
Address

Thos. M. Kno

Cumberland  
MD

OK

Accident or Suicide



Name  
in  
Full

Leopold Schardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Strasburg Town Allegany County  
Date of death 1909 Month Dec Day 22 Age 82 Years  
Sex Male Color or Race White Birth-place Germany  
Occupation Retired Farmer Where Residing if not at place of death  
Married, Single or Widowed Widow Name of Wife or Husband Christina Kefur.  
Father's Name Unknown Father's Birthplace Germany  
Mother's Maiden Name Unknown Mother's Birthplace "  
Name of person giving Information Gustave Schardt How related to deceased Son  
Information

CAUSES OF DEATH

Primary

Old age

64

How long

Immediate

Cerebral Hemorrhage

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Henry, Jr., Lodging

Strasburg, Md

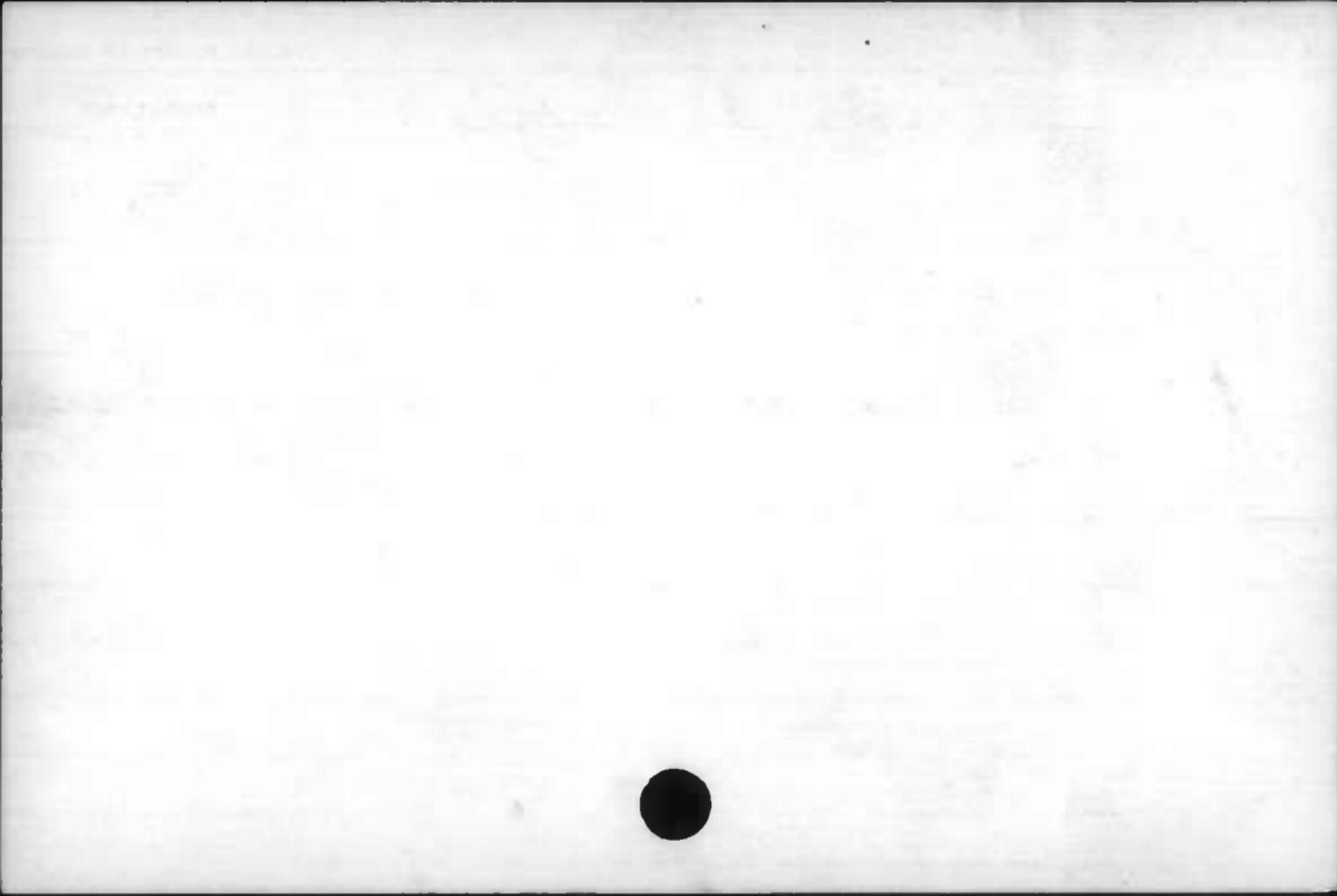
PHYSICIAN  
OR CORONER

Accident or Suicide

225







Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Effie N Smith

CERTIFICATE OF DEATH

Town County  
Diad at Baltimore City Allegany MARYLAND  
Month Day Years Months Days  
Date of death 1909 12 2 Age 46 - -  
Sex Female Color or Birth-  
Race White place and  
Occupation House wife Where Residing if not  
at place of death Baltimore Pike  
Married, Single Name of Wife or  
or Widowed Married Husband Edman Smith  
Father's Name J. A. B. Boarden Father's Birthplace and  
Mother's Maiden Name Jane Spurley Mother's Birthplace and  
Name of person giving Information Edman Smith How related  
to deceased Husband 137  
How long five days  
How long four days

CAUSES OF DEATH

Primary

Infection (Puerperal)

Immediate

Septicemia

Are the name, age, sex, color, date  
and place correctly given above  Yes

Signature of  
Physician

Address

Accident or Suicide



Name  
in  
Full

Reuben Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Burgansville				allegany			
Date of death	1909	Month	Dec	Day	28	Age	87
Years		Months		Days		Years	9
Sex	male	Color or Race	White	Birthplace	allegany 60		
Occupation	Farmer						
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth			
Father's Name	Roger Taylor		Father's Birthplace New York State				
Mother's Maiden Name	Do not know		Mother's Birthplace				
Name of person giving Information	Charles Miller		How related to deceased Son in Law				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary General Sclerosis

Immediate Paralysis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

House door  
Circleville

Accident or Suicide

66

How long

Some years

How long

Some weeks

How long

Some days

How long

Some hours

How long



Name  
in  
Full

Samuel Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at National (Woodland) Town Allegany County  
Date of death 1909 Month Dec. Day 31 Years 70 Months — Days —  
Sex male Color or Race white Birth-place Ireland  
Occupation Miner Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Sarah Park  
Father's Name William Thompson Father's Birthplace Ireland  
Mother's Maiden Name Sarah Thompson Mother's Birthplace Ireland  
Name of person giving Information Mrs Sarah Thompson How related to deceased wife

CAUSES OF DEATH

Primary

Chronic Bronchitis

90

How long

reverse glass

Immediate

Acute Bronchitis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James Q. Bullock, M.D.  
Lonaconing, Maryland

Accident or Suicide

no



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

True

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month Dec	Day 25	Years —	Month —	Days —
Sex	Male	Color or Race	white	Birthplace	Md.	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		John W. True		Father's Birthplace Pa		
Mother's Maiden Name		Mary Wilson		Mother's Birthplace N.Y.		
Name of person giving information		James True		How related to deceased Father		

CAUSES OF DEATH

Primary Normal Birth 9<sup>th</sup> No.

Immediate (Obstruction)

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

151

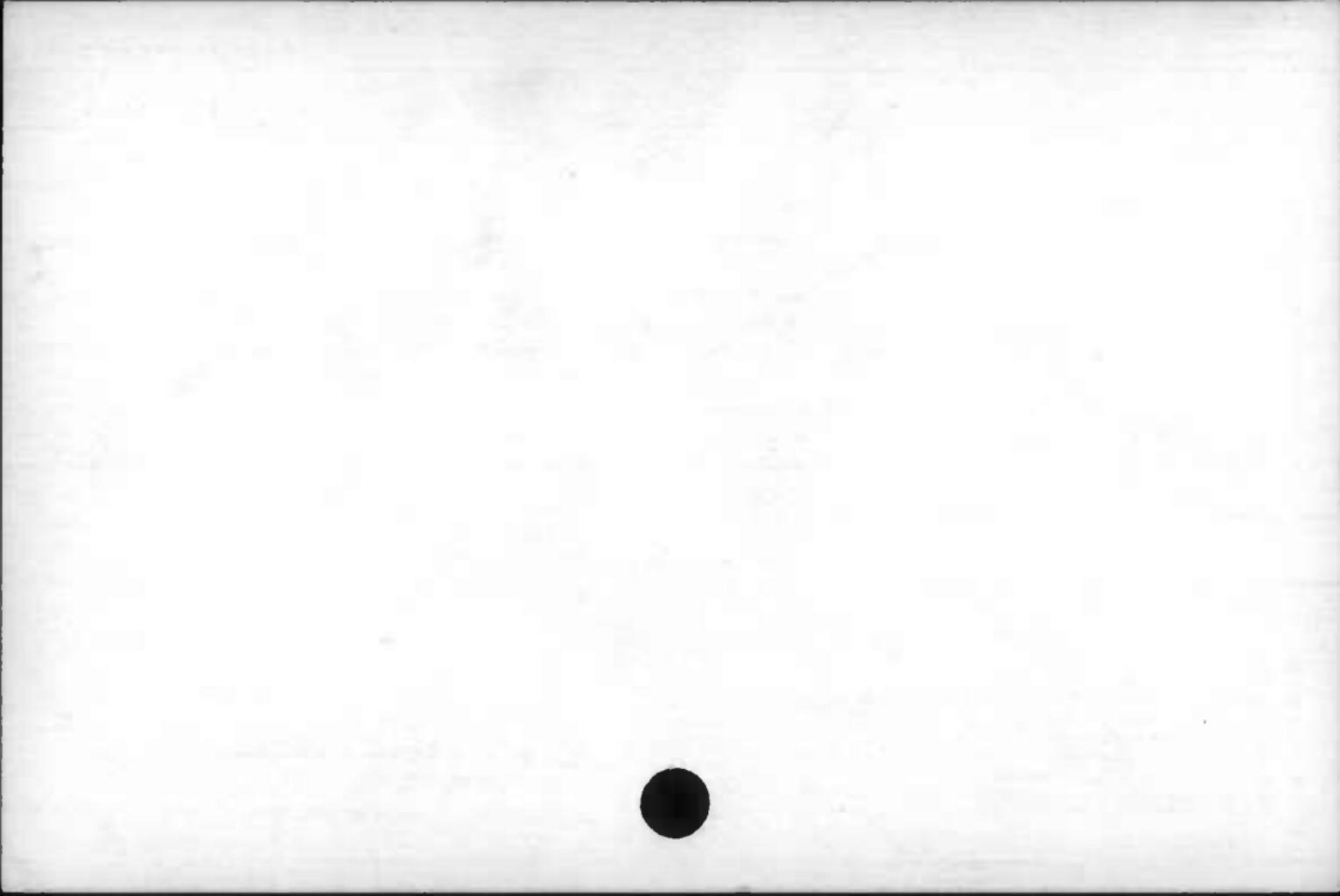
How long

How long

Accident or Suicide

No.

John Bradbury  
Cumberland Md.



Name  
in  
Full

Tabitha Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Cumberland

County

Alleghany

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1909

12

17

Age 69

6

9

Sex

Female

Color or  
Race

White

Birth-  
place

Washington Co

Occupation

House Wife

Where Residing if not  
at place of death

Knob & Md.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Moth..

Walker

Father's  
Name

Michael Brantner

Father's  
Birthplace

Don't Know

Mother's  
Maiden Name

Katherine Allabaugh

Mother's  
Birthplace

- - - -

Name of person giving  
Information

James F. Walker

How related  
to deceased

Son

CAUSES OF DEATH

66

Primary

Paralysis

How long

1 week

Immediate

Conv.

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

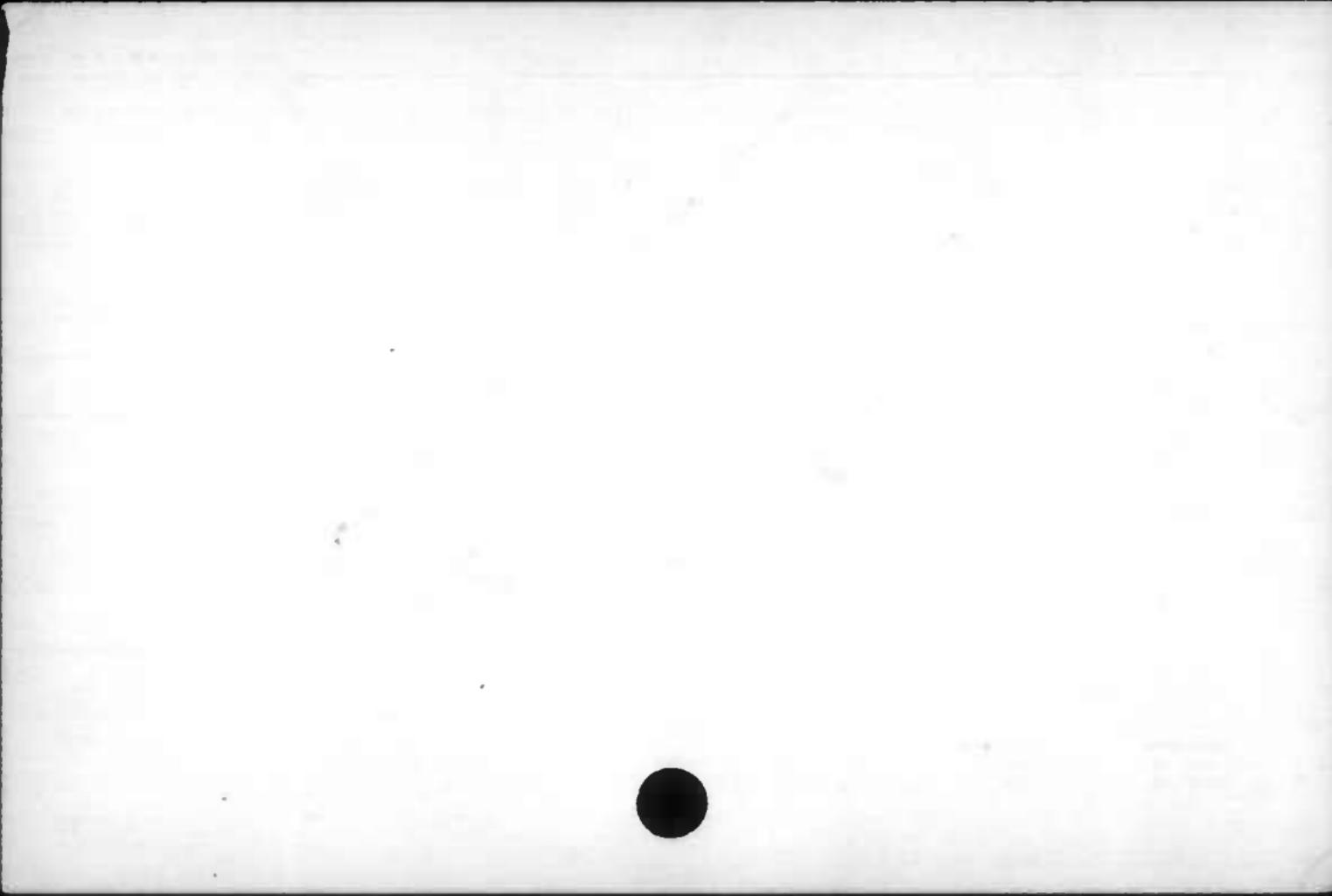
D. H. Brace Jr. D

Armonk 2nd

PHYSICIAN  
OR CORONER

Accident or Suicide

No



Name  
in  
Full

Harry Ward

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Midland, Md.	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry Ward			Father's Birthplace	Ireland
Mother's Maiden Name	Elizabeth S. Cunningham			Mother's Birthplace	Ocean, Md.
Name of person giving Information	Harry Ward			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Aspergillosis		9	How long	9 days
Immediate	Aspergillosis			How long	9 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	F. P. O'Neil	
			Address	Midland, Md.	
Accident or Suicide?					

Hafiz,  
Catholic C

Name  
in  
Full

Louis Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month 12	Day 27	Years 79	Month	Day	
Sex	Male	Color or Race	White	Birth-place			
Occupation	Where Residing if not at place of death		Cambridge				
Married, Single Widowad	Name of Wife or Husband		Bettie E. Wolf				
Father's Name	Mother's Maiden Name		About Cambridge				
Name of person giving Information		Name of person giving Information		none			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebral Hemorrhage

64

How long

2 days

Immediate

coma

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. H. Brace on S

GIB

Accident or Suicide

Answer

2nd

Grace

Name  
in  
Full

infant Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Burford Town Alleg County  
Date of death 1909 Dec 12 Month Dec Day 12 Years — Age — Months — Days —  
Sex Female Color or Race Colored Birthplace Md.  
Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name William Washington

Father's Birthplace Md

Mother's Maiden Name Partial Gant

Mother's Birthplace Md

Name of person giving information Jerry Gant

How related to deceased Grandfather

CAUSES OF DEATH

Primary Stellbom

How long 8

Immediate 1

How long —

Are the name, age, sex, color, date and place correctly given above?

Yes -  
Steve.

Signature of Physician

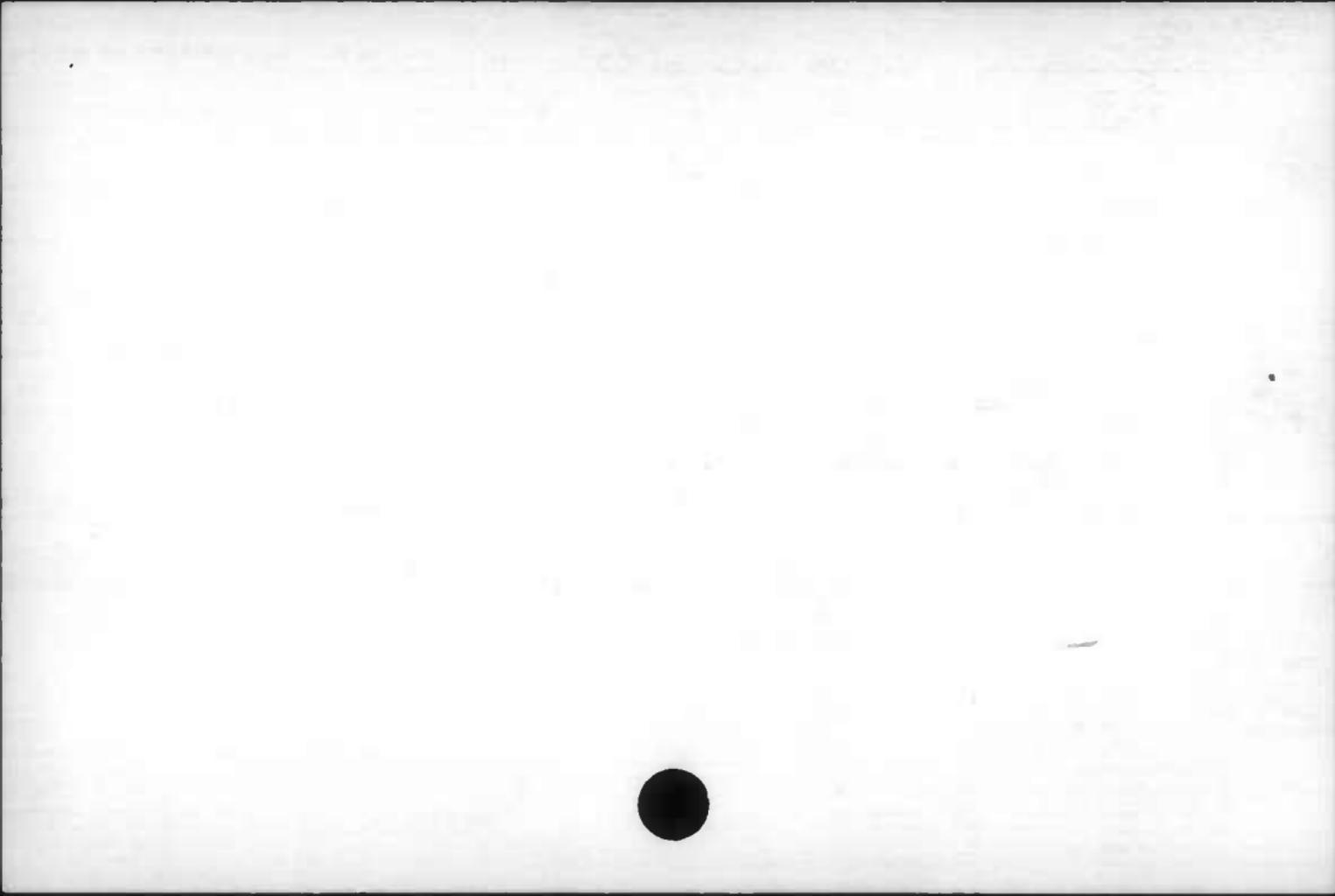
O'DBrae M.D.

Address

Alleg Co.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Idester A. Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Pleasant Valley Allegany County MARYLAND  
Died at Pleasant Valley Allegany County MARYLAND  
Date of death 1909 Month 12 Day 30 Years 68 Months 9 Days -  
Sex Female Color or Race White Birth-place Pa  
Occupation House Wife Where Residing if not at place of death Pleasant Valley  
Married, Single or Widowed Married Name of Wife or Husband H. P. Welsh  
Father's Name Salaman Smith Father's Birthplace Pa  
Mother's Maiden Name 14 North Craft Mother's Birthplace Pa  
Name of person giving Information Penny Welsh How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

3 days

Immediate

Chronic

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

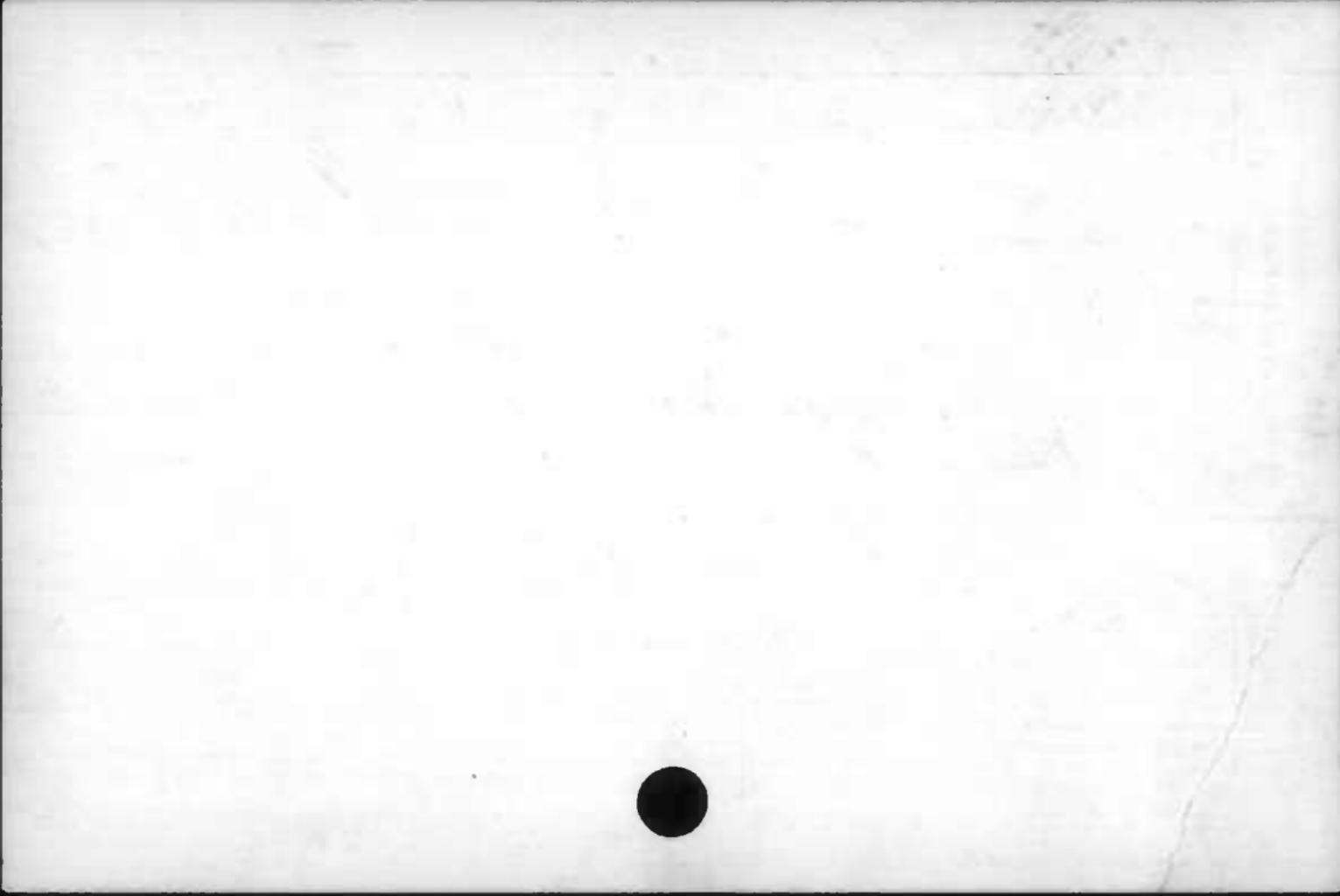
Thas. M. Faas

Accident or Suicide

Bald Hill Pa

Address

Greenbush Rd



Name  
in  
Full

Catherine Whitfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Middletown

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

12

25

Age

68

4

10

Sex

Female

Color or  
Race

White

Birth-  
place

Ireland

Occupation

St. W.

Where Residing if not  
at place of death

Home

Married, Single  
or Widowed

M.

Name of Wife or  
Husband

George Whitfield

Father's  
Birthplace

Ireland

Father's  
Name

— Murray

Mother's  
Maiden Name

— Hale

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Edw. Evans

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Paroxysmal nocturnal dyspnoea

120

Now long

2 years

Immediate

Conus

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Homestead  
Frostburg, Md.

Accident or Suicide

J. Hafner  
Catholic C

Name  
in  
Full

Mable A. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

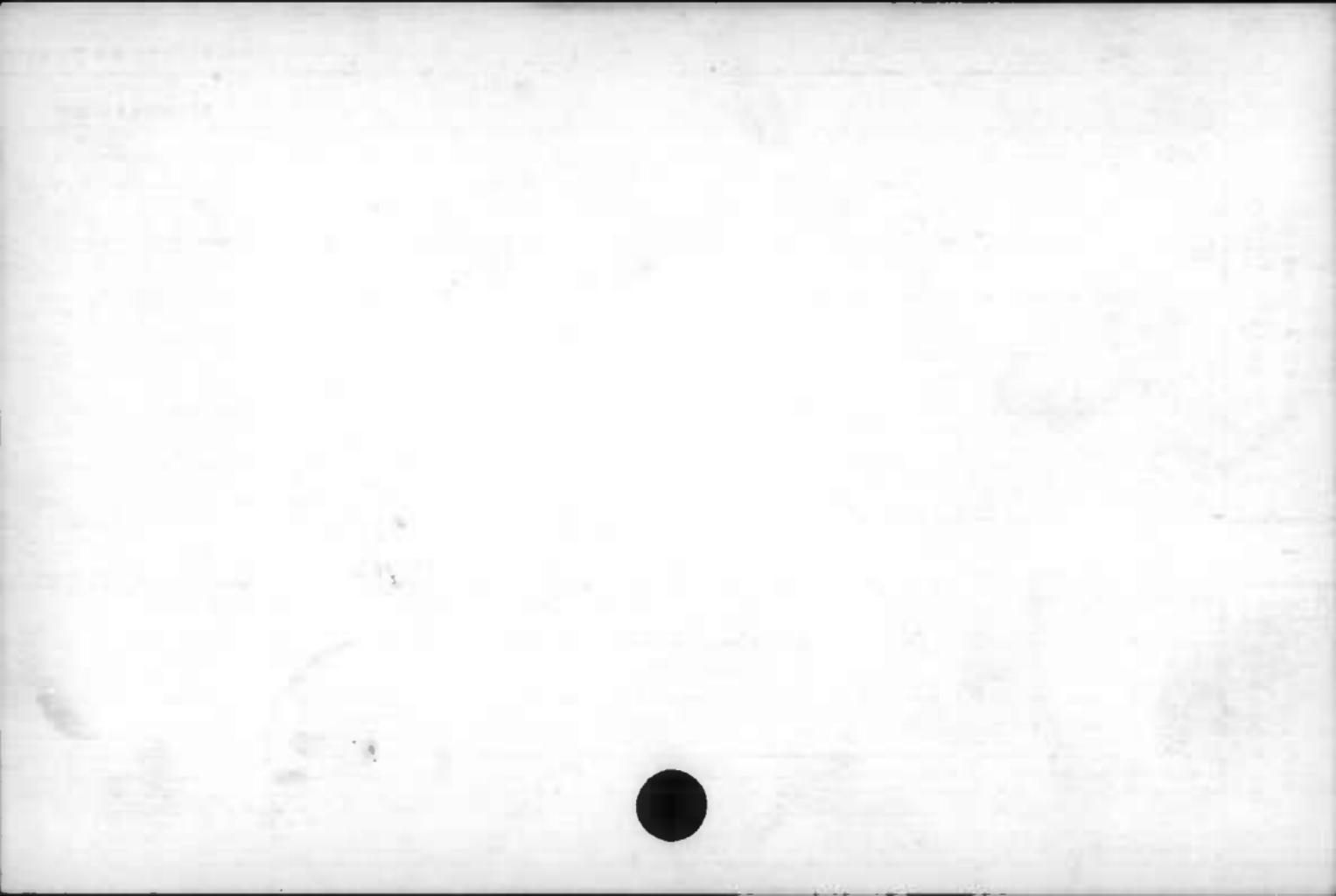
PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND							
Cumberland		Allegany										
Date of death	1909	Month	Dec.	Day	3	Years	Age	4	Months	9	Days	25
Sex	Female	Color or Race	white		Birth-place	Cumberland, Md.						
Occupation	Infant		Where Residing if not et place of death			✓						
Married, Single or Widowed	Single		Name of Wife or Husband		None							
Father's Name	C. F. Williams.				Father's Birthplace	W. Va.						
Mother's Maiden Name	Margrarete Boyd				Mother's Birthplace	Ohio						
Name of person giving Information	Margaret Boyd				How related to deceased	mother.						

CAUSES OF DEATH

167

Primary	Face, neck, legs, and a portion of chest. Burned (clothing caught fire).	How long	16 hours.
Immediate	Pneumonia, labor.	How long	2 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	William R. Faard MD
Accident or Suicide	Playing with bonfire.	Address	109 Virginia Ave Cumberland, Md.
	No.		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John C Young  
Town Cumelclough Alleg County

MARYLAND

Died at Cumelclough Month Dec Day 13 Age 65 Years — Months — Days

Date of death 1909 Sex Male Color or Race White Birth-place Md

Occupation Butcher Where Residing if not et place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Allen M Young Father's Birthplace Md

Mother's Maiden Name Rebecca Duvall Mother's Birthplace Md

Name of person giving Information Wm F Young How related to deceased Brother

CAUSES OF DEATH

64

Primary Cubal hemorrhage How long 2 yrs

Immediate Same How long 10 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above ?

Signature of Physician

Stein

Address

J. H. Wilson  
Cumelclough Md.

Accident or Suicide Fried Md

